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ABSTRACT

This health education curriculum supplement is intended to provide middle school students with a basic core of factual instruction about acquired immune deficiency syndrome (AIDS). The instruction is designed on a middle school level of comprehension to present enough selected facts, to demonstrate the logic behind and value of the primary means of preventing AIDS, and the fallacies inherent in some of the dangerously misleading myths about AIDS. It is emphasized throughout that abstinence from sexual intercourse and intravenous drug use is the surest, safest, and best way to avoid AIDS. Included in the contents of the handbook are discussions on: (1) the rationale for AIDS prevention education; (2) the North Carolina State Board of Education AIDS education guidelines; and (3) parental involvement in AIDS education. Background reading for the teacher is included, as well as suggestions for classroom instruction. A set of four student lessons is offered that presents activity objectives, descriptions, teaching resources, and reproducible pages. (JD)

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PREVENTING AIDS

HEALTH EDUCATION CURRICULUM SUPPLEMENT FOR MIDDLE LEVEL SCHOOLS

Abstinence from Sexual Intercourse and Intravenous Drug Use is the Surest, Safest, Best Way for Young People to Avoid AIDS!

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SP 029 923

Instructional Services
North Carolina Department of Public Instruction
Raleigh, North Carolina
1987

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FOREWORD

We have the opportunity right now to control AIDS among young people in North Carolina. The AIDS epidemic is not yet the problem here that it is in many other places, but to take advantage of our good fortune, we must focus our efforts on the prevention of AIDS. Because there is no cure or vaccine for AIDS, prevention is the only control method available to us for the foreseeable future.

We know that the very behaviors responsible for 94% of the AIDS cases in the United States -- sexual intercourse and intravenous drug use -- are not uncommon among our young people. So parents and schools must join together to promote abstinence from sex and drugs and to provide students with the accurate information they need to protect themselves from infection.

This health education curriculum supplement is intended to (1) provide students with a basic core of factual instruction about AIDS and its prevention and (2) help local schools satisfy the requirement by the 1987 North Carolina General Assembly that instruction in the prevention of AIDS be offered in public schools. We hope this instructional core will be strongly reinforced in homes, churches, communities, and in other areas of the school curriculum in order to provide young people with the knowledge and moral guidance they need to protect themselves from the worldwide epidemic of AIDS.

The importance of this topic has been underscored in letters written by James G. Martin, Governor of North Carolina, and Jere A. Drummond, Chair of the North Carolina State Board of Education. Governor Martin's letter reflects the position of the Office of the Governor and Mr. Drummond's letter reflects the position of the State Board of Education. For this reason the letters in their entirety have been reprinted on the following pages.

A. Craig Phillips
State Superintendent of Public Instruction

STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR
RALEIGH 27611

JAMES G. MARTIN
GOVERNOR

Sept. 14, 1987

Mr. Jere A. Drummond, Chairman
N.C. State Board of Education
Post Office Box 30188
Charlotte, North Carolina 28230

Dear Jere:

You recently received a package of materials from Rep. Trip Sizemore in regard to H666, AIDS Education, which was just ratified by the General Assembly this session.

AIDS has been declared by President Reagan and others to be the number one health problem in America today. AIDS has no cure; it attacks indiscriminately, albeit via specific, limited routes of exposure. And many in the high-risk category include our children.

I am convinced, Jere, that a properly planned and administered AIDS program will result in saving many lives in N.C. -- our own children, and future generations. That is why it is so important how AIDS awareness is taught.

With that in mind, let me take this opportunity to express some elements that I consider to be absolutely necessary for inclusion in the State's AIDS Education Program.

First, I have often expressed my belief that the family is the strongest institution in our society and the closest to the child. H666 provides for parental involvement and input into the AIDS education process. I would hope parents would be looked upon as allies -- that a broad range of parental advice and input would be gathered and assessed and that teaching parents about the threat of AIDS would be a priority. I would hope that parents would not just be given lip service, but a real place in this effort. Creating stronger families will result in fewer overwhelming social problems such as teen pregnancy, abortion, drug use, teen suicide, as well as the spread of AIDS. I would urge you not only to encourage parental involvement but to make sure that parental input is actually "put in" the AIDS program.

Second, the make-up of the AIDS Education Curriculum is crucial to its ultimate success or failure. I agree wholeheartedly that abstinence from extramarital sex should be taught, but I would go even further and state that it should be the focus or centerpiece of the effort. My reading on AIDS has convinced of me of this -- that the "safe sex" approach provides only limited protection against AIDS. Condoms do not safely eliminate the spread of the disease. Abstinence is the best advice you can give a young unmarried person. I do see the need to teach condom use, but it should not receive major emphasis! Teaching our children that "safe sex" is a preventative measure in regard to AIDS is to intentionally mislead them. Sex is not really safe today. The truth is that safe sex teaching is a two sided coin -- in some cases, teaching the safe sex approach reduces the risk of contracting AIDS and other venereal diseases while in some cases it contributes to its spread because it pronounces safe sex as a guarantee of protection.

Abstinence, again, should be the focus of the education process. It's the best advice we can give our young people. Consider this -- A child encouraged to use condoms as a preventive AIDS measure, who contracted the disease during its use, would actually be the victim of "unsafe sex" instruction. If I were a sex educator, I would have trouble coping with the fact that I gave that child such advice -- that I had encouraged condom use as a safe alternative.

Third, although I agree that myths regarding AIDS must be dispelled, we must not minimize the problem or the threat. I would hope that this program would not become a soap box for any group that might be seeking to further its philosophy, and I worry as much about the groups "within" the system as I do the groups "without" it. We must teach the truth about AIDS -- that it is deadly. AIDS kills. Also, I noted in the June 2 Memo from the Department of Public Instruction that educators are concerned that "fears (of AIDS) are being encouraged and manipulated by some to promote commercial products and services and political and religious agendas." I share this concern also. However, I do not believe that we can teach AIDS education without teaching values. To abdicate on values simply leaves a vacuum favoring someone else's social agenda.

As William Bennett said so well, in his "Sex and the Education of Our Children," before the January 1987 meeting of the National School Boards Association, in Washington, D.C., "...sex is inextricably connected to the psyche, to the soul -- or if you do not like that term -- to personality at its deepest levels. Rarely is it a mere riot of the glands that occurs and then is over and meaningless thereafter. Sexual intimacy changes things -- it affects feelings, attitudes, one's self-image, one's view of another. Sexual activity never takes place outside the wider context of what is brought to it or left out of it by the persons who engage in it. It involves men and women in all their complexity; it involves their emotions, desires, and the often contradictory intentions that they bring with them, whether they mean to or not. It is, in other words, a quintessentially 'moral' (emphasis mine) activity." Also, "Far from being value-neutral, sex may be among the most value-loaded of any human activity...the act of sex involves deep springs of conduct...it is serious...it has complicated and profound repercussions. And if we are going to deal with it in school, we had better know this and acknowledge it...we serve children neither by denying their sexuality nor by making it a thing of no moral account." In fact, I agree with most of what Secretary Bennett has written in this article.

For example, a neutral position on alternate lifestyle teaching is impossible. Homosexuality should be discouraged, among other reasons, because it increases a child's risk for acquiring AIDS. Political agendas or goals of gay groups have no place in the AIDS education agenda. Our priority is the health and safety of our children. Alternate lifestyle teaching increases our children's risk of AIDS; therefore, our children should be encouraged to say "no" to homosexual behavior!

I could expound more on these things, but I believe that I have expressed my sentiments well. We must teach the facts about AIDS. We owe it to our children and to their children. To quote H666, "Instruction in the prevention of Acquired Immune Deficiency Syndrome (AIDS) virus infection and other communicable diseases SHALL be conducted under the guidelines to be developed by the State Board of Education emphasizing parental involvement, abstinence from sex and drugs, and other accurate and appropriate information to prevent the spread of the diseases."

Sincerely,

Jim Martin

James G. Martin

JGM/brm

NORTH CAROLINA
STATE BOARD OF EDUCATION

JERE A. DRUMMOND
CHAIRMAN
CHARLOTTE

Education Building
116 West Edenton Street
Raleigh, North Carolina 27603-1712

September 17, 1987

Dr. Barbara Tapscott
Post Office Box 938
Burlington, North Carolina 27215

Dear Barbara:

I have attached for your information a letter which I received from Governor Martin concerning our AIDS curriculum proposals. He makes several points which we have heard before, but which I believe merit additional emphasis. I agree completely that the major focus of this curriculum should be abstinence from sex and drugs and that any instructions concerning safe sex should be distantly secondary to the principle focus of abstinence.

I also believe that any instruction about safe sex should contain very specific warnings that safe sex methods sometimes fail and, therefore, become unsafe sex.

The Governor's letter and other letters talk about parental involvement. That is obviously an ideal way to counteract the problem of AIDS, and to the extend that it is practical, we should include parental involvement in our curriculum recommendations.

While I will not single-handedly try to dictate the curriculum on this item, I would want you to be aware of my feelings and the strong feelings of our Governor.

Please let me know if you have questions about this or would like to discuss further.

Sincerely,

Jere A. Drummond

To: Dr. A. Craig Phillips
Dr. Barbara Tapscott
Mrs. Mary Morgan

cc: Mr. Howard Haworth
Mrs. Norma Turnage
Dr. Prezell Robinson

PREFACE

Albert Einstein once said, "Everything should be made as simple as possible, but not simpler." In this curriculum supplement, no attempt has been made to provide students (or teachers) with every known fact about AIDS. Instead, the instruction has been designed to present enough selected facts, translated to a middle school level of comprehension, to demonstrate (1) the logic behind and value of the primary means of preventing AIDS, and (2) the fallacies inherent in some of the dangerously misleading myths about AIDS.

The facts described, and the recommended AIDS prevention methods, are based on the best medical information available at the time of publication of this document. Although researchers continue to discover new information about AIDS, there is no reason to expect that the paramount method of prevention, abstinence from sex and drugs, will be supplanted.

Nevertheless, educators should remain alert to significant new data, and particularly to any refinements in prevention methods. When appropriate and feasible, this curriculum supplement will be updated to reflect important new information. In the meantime, suggestions for improvement are welcome.

ACKNOWLEDGMENTS

While the North Carolina State Board of Education and the North Carolina Department of Public Instruction are solely responsible for the content and tone of this publication, we are grateful to the many people who have shared their own diverse thoughts, advice, opinions, and expertise at various stages in the evolutionary process that has culminated in this document.

Special thanks go to David Jolly and Kathy Kerr of the AIDS Control Program, North Carolina Department of Human Resources, who originated and have continued to support the development of AIDS prevention curriculum materials for our public schools, and to the following members of the North Carolina Department of Public Instruction: Robert Frye for developing and writing the final drafts, Barbara Holland Chapman and Nancy Farmer for editing and production, William Church and Linda Fitzharris for reading, Doc McCulloch for layout, Barbara Michos for preparation of transparencies, Kay Bullock for printing, and Kay Barbour for word processing.

In the initial steps of curriculum development carried out by the AIDS Control Program, the following individuals offered valuable suggestions and substance:

Frankie Barnes, Sexually-Transmitted Diseases Control Branch, North Carolina Department of Human Resources
Jean Gowen, Durham County Health Department
Jeanne Hernandez, University of North Carolina School of Medicine
Dr. Pat Horan, North Carolina State University Psychology Department
Dr. Ruth Patterson, North Carolina State University School of Education
Pam Wild, Mecklenburg County Health Department

The persons listed below have very kindly reviewed and commented on various preliminary drafts of AIDS prevention curriculum materials as originally developed by the AIDS Control Program or as later modified by the Department of Public Instruction:

Dr. Robert Blackburn, North Carolina School Health Education Advisory Council
Sandy Carmany, North Carolina PTA
Dr. Howard Fitts, North Carolina Central University Health Education Department
Karen Garr, North Carolina Association of Educators
Sharon Guenther, North Carolina Association for the Advancement of Health Education
Dr. Roger Jackson, Ashe County Schools
Rev. Collins Kilburn, North Carolina Council of Churches
Amin Khalil, Health Education Branch, North Carolina Department of Human Resources
Jerry Squires, American Red Cross
Cathy Thomas, Camp Lejeune Dependents Schools
Wendee Wechsberg, Drug Action of Wake County
Jean Williams, North Carolina PTA

We sincerely appreciate Dr. Jared Schwarz, North Carolina Medical Society Task Force on Aids, and Dr. Rebecca Meriwether, Division of Health Services, North Carolina Department of Human Resources, for generously contributing their time and medical advice to this curriculum development project. In addition, we gratefully acknowledge the scientific assistance of the Office of School Health and Special Projects, Centers for Disease Control.

Joseph B. Webb

Joseph B. Webb
Assistant State Superintendent
Instructional Services

INTRODUCTION

HOW TO USE
PREVENTING AIDS: HEALTH EDUCATION CURRICULUM SUPPLEMENT FOR MIDDLE LEVEL SCHOOLS

AIDS is a very serious public health problem and a potential threat to all of us. AIDS also is misunderstood by many and the subject of social debate. For these reasons, teachers must exert every effort to present AIDS prevention education carefully, accurately, and sensitively. The suggestions listed below will help the users of this curriculum supplement to accomplish those goals.

1. Read the North Carolina state law, G.S. 1156-81 (a2), and the adopted policy of the North Carolina State Board of Education on AIDS education (see section NORTH CAROLINA STATE BOARD OF EDUCATION AIDS EDUCATION GUIDELINES).

2. Read any local policies or guidelines on AIDS education and consult with your principal before conducting any AIDS education for students.

3. Plan the AIDS education activities far in advance. Before presenting lessons to students

   - schools must arrange for and conduct Parents' Meetings to (1) inform parents about AIDS, (2) share methods, materials, and objectives in teaching, and (3) suggest ways that parents can reinforce and extend the student's education at home, particularly in regard to the moral aspects of sexuality and drug use.

   - teachers should (1) read this publication from cover to cover, (2) attend an AIDS workshop or do additional study regarding AIDS if they feel uncertain of their own knowledge, or locate a resource person to conduct the lessons for students (with the consent of the principal), (3) acquire and preview audiovisual materials, and (4) prepare student handouts and transparencies. (The materials in this curriculum supplement were designed primarily to provide background information to teachers as they prepare to present the four lessons to students -- not for distribution to middle level students. If teachers decide to reproduce portions of this material for distribution to students, that decision should be made only after consulting with the principal. In addition, teachers and principals must consider the age level appropriateness of the material. For example, material which might be appropriate for distribution to twelfth grade students might not be appropriate for middle level students.)

4. Be certain that students clearly learn that ABSTINENCE FROM SEXUAL INTERCOURSE AND INTRAVENOUS DRUG USE IS THE SUREST, SAFEST, BEST WAY TO AVOID AIDS. This curriculum supplement covers many of the details about AIDS; but it is the responsibility of teachers to assure that all students unequivocally understand the message of abstinence from sexual intercourse and intravenous drug use.

Abstinence is both scientifically valid and morally preferred as the best way for public school students to avoid AIDS; therefore, abstinence is the primary method of AIDS prevention that can be recommended to students by teachers. Other facts about AIDS prevention are presented in this supplement only as information that prudent, educated persons should know in order to fully protect themselves and others from the deadly communicable disease AIDS.

RATIONALE FOR AIDS PREVENTION EDUCATION

The need for AIDS prevention education can be summarized succinctly:

1. AIDS is a deadly, worldwide, epidemic disease.

2. There is no cure or vaccine.

3. Prevention is the only hope for the foreseeable future.

Fortunately, AIDS is hard to get, and simple to prevent. Despite myths to the contrary, people spread AIDS by exchanging body fluids, primarily through sexual intercourse and by sharing the syringes used for injecting drugs into their veins. Of course, mothers can also pass the disease to their fetuses and infants, but if we can control these main methods of transmission, we can control AIDS.

Unfortunately, we know that the very behaviors most likely to spread AIDS are not uncommon among our young people. Sexual activity, for example, is clearly demonstrated by the 24,000 teen pregnancies per year in North Carolina and by the evidence that one of every seven teenagers has a sexually-transmitted disease. And these numbers represent only the portion of sexually-active young people whose behavior has resulted in reportable consequences. National surveys suggest that perhaps 50% or more of students will have had sexual intercourse before completing school. Each of these students is a potential AIDS target.

Young people in the United States not only lead the developed, industrialized world in teen pregnancy rates, they are also first in drug use. Since intravenous drug use accounts for 17% of our current AIDS cases, and since an estimated 12 million high school students have used cocaine, heroin, and stimulants, all of which can be injected intravenously, many of our students are at risk of AIDS through their drug using behavior.

Because sexual activity and intravenous drug use are responsible for 94% of our existing AIDS cases, prevention efforts must be directed at changing these two areas of behavior. The behavior changes in students that will help prevent the spread of AIDS include:

for the sexually-inactive

- delaying first experience with intercourse

for the sexually-active

- ceasing having intercourse
- maintaining a lifelong monogamous relationship with an uninfected partner
- reducing the number of different sexual partners

- avoiding sexual exposure to persons at high-risk of AIDS (drug users, promiscuous persons)

- taking protective measures (condom use, spermicides)

- seeking AIDS counseling if involved in high-risk behavior

for non-drug users

- avoiding drug use

for intravenous drug users

- ceasing use of drugs

- seeking drug treatment/counseling

- avoiding syringes or needles contaminated by the blood of others

Promoting the behaviors that prevent AIDS is not the job of schools alone. The glamorizing of sex by our society and the lure and availability of drugs are examples of factors which can contribute to the spread of AIDS but which schools cannot single-handedly overturn. On the other hand, schools can provide preventive information to students and encourage them to use the information productively to guide their own behaviors.

The promotion of preventive behavior by individuals is the crux of AIDS education. People are not at risk of AIDS because of who they are, their ages, what group or minority they belong to, or because of any other "labels" that might be attached to them. With the exception of those who have been infected as a result of receiving blood components or transfusions, and those health professionals who have been infected by accident, most people who have AIDS have been infected by engaging in high-risk sexual or drug using behaviors.

Much of the information that schools can provide to help students prevent AIDS is outlined in the section NORTH CAROLINA STATE BOARD OF EDUCATION AIDS EDUCATION GUIDELINES and is described for middle level schools in the CLASSROOM INSTRUCTION section of this curriculum supplement.

Briefly, it is recommended that the core of AIDS prevention at the middle school level be incorporated into the existing health education curricular strand of communicable diseases and reinforced in such other health education strands as drug education, family living, consumer health, and safety/first aid. Instructional topics should enable students to know what AIDS is, what organism causes it, how it is and is not transmitted, which behaviors cause one to be at risk, which behaviors are protective, and what factors can help establish and maintain protective behaviors.

Schools, because they have access to parents, can also help to (1) encourage parents to supplement the school AIDS prevention program at home, particularly in regard to morality, and (2) inform parents about AIDS so that parents can control their own risk. The PARENT INVOLVEMENT section of this document discusses how parents might supplement this curriculum in the home for these purposes.

NORTH CAROLINA STATE BOARD OF EDUCATION
AIDS EDUCATION GUIDELINES

Legislation

Instruction in the prevention of Acquired Immune Deficiency Syndrome (AIDS) virus infection and other communicable diseases shall be offered in the public schools and shall be conducted under guidelines to be developed by the State Board of Education emphasizing parental involvement, abstinence from sex and drugs, and other accurate and appropriate information to prevent the spread of diseases [North Carolina General Statute 115C-81(a2), ratified July 17, 1987].

Purpose

AIDS education for public school students is intended to help prevent the spread of the incurable communicable disease, AIDS. Students shall (1) be informed about how to protect themselves and others from the disease, (2) be capable of distinguishing between AIDS myths and AIDS facts, and (3) be prepared to think and act responsibly in matters related to AIDS. At the appropriate ages, it shall be emphasized to students that abstinence from sexual intercourse and intravenous drug use is the surest, safest, best way to avoid AIDS.

Content

Primary/Elementary School Students

Description and Rationale. Since, except in very unusual circumstances, primary and elementary level students are not at risk of AIDS by any means preventable by their own actions, and since AIDS is a rare disease in these age groups, no specific, formal AIDS prevention curriculum is necessary for young children.

Instead, "teachable moments" should be used to debunk myths about AIDS, to reassure students of their own safety, and to answer student questions as they arise, without introducing unnecessary information beyond the maturity level of the students.

Instructional opportunities will occur naturally as a result of normal instruction in the health education curricular strands of communicable diseases, growth and development, family living, chemicals and substance abuse, mental health, and safety/first aid. Additionally, these strands provide students with the basic information and skills they will need to fully understand and deal successfully with AIDS prevention later in their school careers.

In the event of the actual or anticipated presence in school of a student who has AIDS, special measures are called for. Students should receive special coaching regarding (1) sensitivity to the feelings and condition of the people who have AIDS, (2) lack of risk to themselves, and (3) appropriate hygienic measures, if necessary.

Objectives. The learner will . . .

1. know that AIDS is a rare disease among his or her age group
2. be aware that people do not get AIDS in the course of normal, everyday activities
3. know that it is not dangerous to live or attend school with someone who has AIDS
4. recognize common AIDS myths as false
5. practice standard hygienic measures to prevent contact with the body fluids of others

Middle Level/Senior High School Students

Description and Rationale. The Basic Education Program for North Carolina's Public Schools, the North Carolina Standard Course of Study, and the Teacher Handbook for Healthful Living K-12 each indicate that the study of sexually-transmitted diseases is part of the middle level health education curriculum program. The Teacher Handbook specifically recommends Grade Seven and incorporates sexually-transmitted diseases into the communicable diseases strand of the kindergarten-to-high school health education curriculum The core AIDS education program is recommended as a supplement to this existing instruction in sexually-transmitted diseases.

Schools should also take advantage of additional opportunities to present and/or reinforce AIDS prevention information in the drug education, family living, maternal and child health, consumer health, and safety/first aid strands of the middle level/senior high school health education curriculum. Further, aspects of AIDS prevention can correlate to programs in biology, social studies, home economics, and health occupations.

Although the Teacher Handbook recommends the seventh grade for instruction in sexually-transmitted diseases, local schools may determine that the AIDS risk level of their students (due to sexual or drug use activity) suggests that the core AIDS prevention program should be offered at a different middle school level. If a school system determines that the core AIDS prevention program is to be offered at an earlier grade level, it should be preceded by family life education.

SINCE AIDS EDUCATION IS RELATIVELY NEW TO THE CURRICULUM, DURING THE FIRST YEAR SCHOOLS SHOULD OFFER THE CORE AIDS EDUCATION PROGRAM TO ALL STUDENTS ABOVE THE GRADE LEVEL SELECTED FOR REGULAR INSTRUCTION IN THE CORE PROGRAM. IT SHOULD NOT BE NECESSARY TO TEACH THE CORE AIDS EDUCATION PROGRAM TO STUDENTS EVERY YEAR AFTER THE FIRST YEAR OF INTRODUCTION.

The main thrusts of the core AIDS prevention program are to teach students how to protect themselves and others from AIDS, to encourage responsible thought and behavior in all matters regarding AIDS, and to counteract the influence of myths in students' thinking about AIDS. The three means recommended for young people to protect themselves from AIDS, in order of effectiveness and curricular emphasis, are:

1. abstaining from sexual intercourse and abstaining from intravenous drug use

2. maintaining a lifelong monogamous sexual relationship with an uninfected partner who does not use drugs intravenously, and never using a contaminated needle or syringe oneself

3. using condoms for protection during sexual activity

It is the responsibility of teachers to assure that all students are aware that abstinence from sexual intercourse and intravenous drug use is the only sure way to avoid AIDS and that abstinence is the primary AIDS prevention method recommended by the school for adoption by students. However, because AIDS is a deadly communicable disease and a serious public health problem, it is also necessary that students be familiar with the other, less effective and less desirable, means of protecting themselves from AIDS. Schools have a public health responsibility not to deliberately withhold from adolescents information that they can use to prevent disease, pain, suffering, and their own deaths.

In the event of the actual or anticipated presence in school of a student who has AIDS, special measures are called for. Students should receive special coaching regarding (1) sensitivity to the feelings and condition of people who have AIDS, (2) lack of risk to themselves, and (3) appropriate hygienic measures, if necessary.

Objectives. The learner will . . .

(Initial objectives are the same as these listed for primary/elementary school students.)

1. define AIDS

2. name the virus that causes AIDS

3. describe how AIDS affects the human immune system

4. list the most common methods by which the AIDS virus is transmitted

5. identify and characterize the three levels of disease caused by the HIV virus

6. name the populations exhibiting the highest levels of HIV infection

7. identify the behaviors that can cause any person to be at risk of HIV infection

8. name, in order of effectiveness, the behaviors that protect one from AIDS

9. identify abstinence from sexual intercourse and intravenous drug use as the best prevention methods

10. describe factors that can predispose, encourage, or reinforce the behaviors that protect one from AIDS

11. identify and refute common fallacies about AIDS and its transmission

12. briefly describe public health measures and services used to control a communicable disease such as AIDS

Recommended Curriculum Guide. The curriculum supplement, Preventing AIDS: Health Education Curriculum Supplement for Middle Level Schools, developed by the AIDS Control Program, North Carolina Department of Human Resources, and the Division of Health, Physical Education, Safety, and Sports, North Carolina Department of Public Instruction, is approved by the North Carolina State Board of Education and recommended to schools as the basis for the core AIDS education program at the middle school level.

Resources. All AIDS education resource materials should be carefully screened to assure that they comply with these guidelines. All resource persons participating in a school AIDS education program should follow the North Carolina State Board of Education's guidelines in their work with students or staff.

School and Community Readiness

All School Personnel

All school employees should participate in a brief AIDS seminar or otherwise be instructed in (1) the basics of AIDS and its transmission, (2) how to protect themselves from AIDS, (3) how the school plans to offer AIDS education, and (4) applicable state and local policies. Informed personnel can help stop AIDS myths and rumors, accurately interpret the AIDS education program to the community, consistently apply local policies, understand their own responsibilities for AIDS education, and reduce their own vulnerability, if any, to AIDS.

Selected Teachers

Those teachers who are directly responsible for carrying out any part of the AIDS education curriculum program should be informed of (1) their specific responsibilities, (2) sources of appropriate material and human resources, and (3) opportunities to develop their own knowledge of AIDS, according to their teaching responsibilities. In addition, these teachers should participate in Parents' Meetings prior to initiation of AIDS prevention classes in school.

Parents

Prior to beginning an AIDS education program, all schools should conduct AIDS Awareness Parents' Meetings as a public service to the community and so that the parents will (1) be aware of what their children are learning and why, (2) be able to reinforce instruction in the home, (3) have an opportunity to augment the school curriculum with home moral instruction as desired, and (4) be able to reduce their own vulnerability, if any, to AIDS.

During the meetings, parents should be informed about AIDS, should have the opportunity to preview the methods, materials, and objectives to be used in teaching students about AIDS, and should be involved in discussing ways of reinforcing and extending the students' education at home, particularly in regard to the moral aspects of sexuality and drug use.

Because of the seriousness of AIDS, schools will of course want to involve as many parents as possible in AIDS Awareness Parents' Meetings. Local media (newspapers, television, and radio) are usually cooperative in announcing such meetings if schools provide the information to them in writing. In addition, holding meetings at several different times so that parents with varying schedules (e.g., those who work evening or night shifts) can attend will help in reaching as many parents as possible.

Community

Prior to beginning an AIDS education program, schools should also conduct AIDS Awareness Meetings for other agencies and organizations in the community. Among these are the ministerial association, service clubs, social services, public health, mental health, police and/or sheriffs departments, and juvenile court counselors. The format used for the AIDS Awareness Parents' Meetings would also be appropriate for these meetings.

While the purpose of these meetings is the same as that indicated above under Parents, there is an additional and equally important purpose in conducting these meetings. Many parents may be unable to attend the parents' meetings. However, these parents may come into contact with representatives of other agencies or organizations in the community such as service clubs, social workers, mental health staff, or juvenile court counselors. The cooperation of other agencies and organizations in the community is vital in helping to (1) inform parents about AIDS and (2) inform parents about the importance of their involvement in reinforcing with their children the instruction provided by the schools.

These guidelines were adopted by the North Carolina State Board on December 3, 1987.

PARENT INVOLVEMENT

PARENT INVOLVEMENT

Parent involvement in AIDS prevention education is necessary for a successful program and is required by both North Carolina General Statute 115C-81 (a2) and the AIDS EDUCATION GUIDELINES of the North Carolina State Board of Education. The State Board's guidelines specifically recommend that schools conduct AIDS Awareness Parents' Meetings prior to beginning an AIDS education program in the school. These meetings should be held specifically for the purpose of discussing AIDS prevention and not as part of other scheduled meetings.

PARENTS' MEETINGS

Purpose

The purposes of involving parents in AIDS prevention differ only slightly from the rationale for parent participation in any educational programs. Some of these purposes include:

- to provide parents with full knowledge and understanding of what and how their children are being taught about AIDS, and why
- to answer any questions that parents might have
- to provide an opportunity for parents to make program suggestions
- to enable parents to reinforce school instruction in the home
- to recommend that parents augment the school curriculum with home moral instructions as desired.
- to inform parents of AIDS facts so that they will be able to limit their own vulnerability, if any, to AIDS

Planning

To accomplish these purposes, Parents' Meetings must be carefully planned in advance. For example:

- the meeting time and site must be established
- parents, the teachers involved in AIDS instruction, school leadership, and a medically-knowledgeable speaker, preferably a physician, must be invited
- at least several copies of the AIDS prevention curriculum must be available for parent perusal
- any audio-visual materials must be reserved and previewed in advance
- the agenda must be planned

- any parent handouts must be printed

- transparencies of suitable portions of the curriculum should be prepared

Agenda

Toward the beginning of the program, the agenda for Parents' Meetings should feature a health professional who is knowledgeable about AIDS and the need for AIDS prevention education. The rationale for what is and is not included in AIDS prevention education cannot be clearly explained if the audience is unaware of what AIDS is, what causes it, the seriousness of the problem, who is at risk, how the disease is and is not transmitted, and how AIDS can be prevented. Local health departments are a very good source of speakers, but, in any case, any health professional who is invited as a speaker must be specially knowledgeable specifically in regard to AIDS.

The agenda should also include:

- an overview (preferably with transparencies) of the curriculum

- an opportunity to view any audiovisual materials that will be used in the student program

- an occasion to meet the teachers who will be carrying out the program

- a time for questions, answers, and discussion

- suggestions for parents who might wish to continue or reinforce the factual or moral aspects of AIDS prevention with their own children

- a reminder that courts have consistently held that (1) schools have complete authority to offer instruction related to sexuality, and (2) parents have the right to withhold their children from such classes.

Follow-Up

Additional parent participation can be achieved in several ways. A few examples follow:

- Seek parent assistance in organizing a school/community AIDS Awareness Week

- Invite parents to join a task force to review or develop additional AIDS prevention materials

- Establish workshops for parents, perhaps through Community Schools programs.

SAMPLE LETTER TO PARENTS

Dear Parent or Guardian:

Your child's health education program at school soon will include classes on AIDS. AIDS is a dangerous disease and young people can get it through sex or drug use. A new North Carolina law requires that schools teach students how to prevent AIDS.

Our goal is to teach students that abstaining from sex and drug use is the best way to protect themselves. But we will also cover other prevention facts because we know that not all students will always follow our advice about abstaining.

We invite you to attend a Parents' Meeting __(when)__, __(where)__, to discuss AIDS and to talk about what will be taught in school. We hope all parents will help at home to educate students about how to prevent AIDS.

We look forward to seeing you at the meeting.

Sincerely,

BACKGROUND READING

BACKGROUND READING

This section contains (1) the press release issued by Surgeon General Koop to introduce his report on AIDS, (2) the full text of the SURGEON GENERAL'S REPORT ON ACQUIRED IMMUNE DEFICIENCY SYNDROME, (3) the article, BEING THERE WITH A DYING SON, (4) AIDS AND THE EDUCATION OF OUR CHILDREN, and (5) QUESTIONS YOU MIGHT BE ASKED BY STUDENTS.

Surgeon General Koop's material speaks to scientific issues, national policy matters, educational concerns, and humane considerations regarding AIDS.

Marta Segovia Ashley's piece, BEING THERE WITH A DYING SON, is included because most of us have not yet personally known AIDS patients or their families. The article presents one example of the many ways AIDS and its ramifications can touch peoples' lives and helps us to understand the disease at the human level, not just as a set of statistics and scientific facts.

AIDS AND THE EDUCATION OF OUR CHILDREN, published by the U.S. Department of Education under the direction of Secretary William J. Bennett, has been reprinted in its entirety.

Teachers should find QUESTIONS YOU MIGHT BE ASKED BY STUDENTS to be a useful source of information to answer "curiosity" questions, to respond to the abundant AIDS myths that we have all heard, and to help students place AIDS facts in broader contexts. In addition, the GLOSSARY provides further facts.

Careful study of this material should enable most teachers to feel knowledgeable enough to teach middle level students about AIDS. But, because AIDS is a life and death matter, and because dangerous misinformation is so prevalent, teachers should not hesitate to seek further training, if needed, before conducting AIDS prevention education.

INTRODUCTION TO THE SURGEON GENERAL'S REPORT

(Surgeon General C. Everett Koop's Introduction to his report on AIDS--released to press October 22, 1986. Single copies of the report are available by writing: AIDS, P.O. Box 14252, Washington, D.C. 20044.)

Controversial and sensitive issues are inherent in the subject of AIDS, and these issues are addressed in my report. Value judgments are absent. This is an objective health and medical report, which I would like every adult and adolescent to read. The impact of AIDS on our society is and will continue to be devastating. This epidemic has already claimed the lives of almost 15,000 Americans, and that figure is expected to increase 12-fold by the end of 1991--only five years from now.

Our best scientists are conducting intensive research into drug therapy and vaccine development for AIDS, but as yet we have no cure. Clearly this disease, which strikes men and women, children and adults, people of all races, must be stopped. It is estimated that one and a half million people are now infected with the AIDS virus. These people--the majority of whom are well and have no symptoms of disease--can spread the virus to others.

But new infections can be prevented if we, as individuals, take the responsibility of protecting ourselves and others from exposure to the AIDS virus. AIDS is not spread by casual, non-sexual contact. It is spread by high risk sexual and drug-related behaviors--behaviors that we can choose to avoid. Every person can reduce the risk of exposure to the AIDS virus through preventive measures that are simple, straightforward, and effective. However, if people are to follow these recommended measures--to act responsibly to protect themselves and others--they must be informed about them. That is an obvious statement, but not a simple one. Educating people about AIDS has never been easy.

From the start, this disease has evoked highly emotional and often irrational responses. Much of the reaction could be attributed to fear of the many unknowns surrounding a new and very deadly disease. This was compounded by personal feelings regarding the groups of people primarily affected--homosexual men and intravenous drug abusers. Rumors and misinformation spread rampantly and became as difficult to combat as the disease itself. It is time to put self-defeating attitudes aside and recognize that we are fighting a disease--not people. We must control the spread of AIDS, and at the same time offer the best we can to care for those who are sick.

We have made some strides in dispelling rumors and educating the public, but until every adult and adolescent is informed and knowledgeable about this disease, our job of educating will not be done. Unfortunately, some people are difficult to reach through traditional education methods, so our efforts must be redoubled. Others erroneously dismiss AIDS as a topic they need not be concerned about. They must be convinced otherwise.

Concerned education efforts must be directed to blacks and Hispanics. While blacks represent only 12 percent of the U.S. population, 25 percent of all people with AIDS are black. Another 12 percent of AIDS patients are Hispanic, while this group comprises only six percent of the population.

Eighty percent of children with AIDS--8 out of 10--are black or Hispanic. For optimum effectiveness in reaching minority populations, educational programs must be designed specifically for these target groups.

Many people--especially our youth--are not receiving information that is vital to their future health and well-being because of our reticence in dealing with the subjects of sex, sexual practices, and homosexuality. This silence must end. We can no longer afford to sidestep frank, open discussions about sexual practices--homosexual and heterosexual. Education about AIDS should start at an early age so that children can grow up knowing the behaviors to avoid to protect themselves from exposure to the AIDS virus.

One place to begin this education is in our schools. Every school day, more than 47 million students attend 90,000 elementary and secondary schools in this nation. Our schools could provide AIDS education to 90-95 percent of our young people. As parents, educators, and community leaders we must assume our responsibility to educate our young. The need is critical and the price of neglect is high. AIDS education must start at the lowest grade possible as part of any health and hygiene program. There is now no doubt that we need sex education in schools and that it include information on sexual practices that may put our children at risk for AIDS. Teenagers often think themselves immortal, and these young people may be putting themselves at great risk as they begin to explore their own sexuality and perhaps experiment with drugs. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

School education on AIDS must be reinforced at home. The role of parents as teachers--both in word and in deed--cannot be overestimated. Parents exert perhaps the strongest influence on their youngsters' developing minds, attitudes, and behaviors. We warn our children early about the dangerous consequences of playing with matches or crossing the street before checking for traffic. We have no less a responsibility to guide them in avoiding behaviors that may expose them to AIDS. The sources of danger differ, but the possible consequences are much more deadly.

Before we can educate our children about AIDS, we must educate ourselves. The first thing we have to understand and acknowledge is that AIDS is no longer the concern of any one segment of society; it is the concern of us all. People who engage in high risk sexual behavior or who inject illicity drugs are risking infection with the AIDS virus and are endangering their lives and the lives of others, including their unborn children.

The Surgeon General's report describes high risk sexual practices between men and women. I want to emphasize two points: First, the risk of infection increases with increased numbers of sexual partners--male or female. Couples who engage in freewheeling casual sex these days are playing a dangerous game. What it boils down to is--unless you know with absolute certainty that your sex partner is not infected with the AIDS virus--through sex or through drug use--you're taking a chance on becoming infected. Conversely, unless you are absolutely certain that you are not carrying the AIDS virus, you must consider the possibility that you can infect others.

Second, the best protection against infection right now--barring abstinence--is the use of a condom. A condom should be used during sexual relations, from start to finish, with anyone whom you know or suspect is infected.

I'd like to comment briefly on the issues of mandatory blood testing and of quarantine of infected individuals. Ideas and opinions on how best to control the spread of AIDS vary, and these two issues have generated heated controversy and continuing debate. No one will argue that the AIDS epidemic must be contained, and any public health measure that will effectively help to accomplish this goal should be adopted. Neither quarantine nor mandatory testing for the AIDS antibody will serve that purpose.

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. Quarantine should be considered only as a last resort by local authorities, and on a case-by-case basis, in special situations in which someone infected with the AIDS virus knowingly and willingly continues to expose others to infection through sexual contact or sharing drug equipment.

Compulsory blood testing is unnecessary, unfeasible, and cost prohibitive. Furthermore, rather than aiding in prevention, testing could, in some instances, cause irreparable harm. A negative test result in someone who has been recently infected but not yet developed antibodies might give that person a false sense of security not only for him- or herself, but for that person's sexual partners as well. This could lessen the motivation to adhere to safe sex practices. Voluntary testing is available and useful for people who have engaged in high risk behaviors and want to learn if they are infected so that they can seek appropriate medical attention and act to protect others from infection.

You'll note that my report supports and reinforces recommendations by the Public Health Service on AIDS prevention and risk reduction. Although my involvement with AIDS is fairly recent, the PHS has been deeply involved in the AIDS crisis from the start. In the past five years the PHS has made excellent progress in characterizing the disease, delineating the modes of transmission, protecting our blood supply from contamination with the AIDS virus. Vigorous research into drug therapy and vaccine development continues, and, as you know, the drug azidothymidine--AZT--is being made available to thousands of people with AIDS who may benefit from this treatment.

Much remains to be done to stop this epidemic, and the PHS will continue to work together with all elements of public and private sectors and use all our joint resources to the fullest to eradicate AIDS.

Surgeon General's Report on Acquired Immune Deficiency Syndrome

FOREWORD

This is a report from the Surgeon General of the US Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans - fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.

In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer I am opposed to the use of illicit drugs. As a practicing physician for more than forty years, I have seen the devastation that follows the use of illicit drugs-addiction, poor health, family disruption, emotional disturbances and death. I applaud the President's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues, but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from a health and medical point of view.

Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is not spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-sexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, non-sexual contact.

Today those practicing high risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.

At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between $8 and $16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.

C. Everett Koop

C. Everett Koop, MD, ScD
Surgeon General

Surgeon General's Report on Acquired Immune Deficiency Syndrome

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I.

AIDS

1. AIDS Caused by Virus

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV (Human Immunodeficiency Virus) or HTLV-III (Human T-Lymphotropic Virus Type III) or LAV (Lymphadenopathy Associated Virus)." These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes) in the human blood. Throughout this publication, we will call the virus the "AIDS virus." The AIDS virus attacks a person's immune system and damages his/her ability to fight other disease. Without a functioning immune system toward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies, which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

2. No Known Cure

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

3. Virus Invades Blood Stream

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-Lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

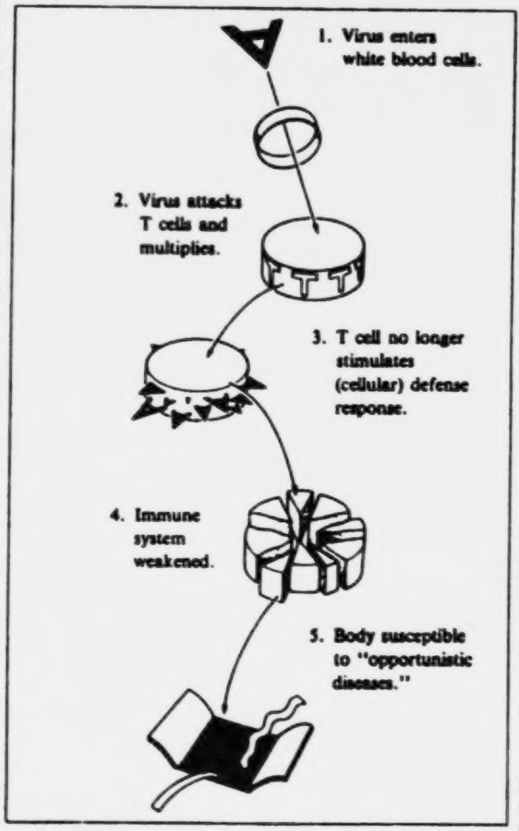
Once an individual is infected, there are several possibilities. Some people may remain well but even so they are able to infect others. Others may develop a disease that is less serious than AIDS referred to as AIDS Related Complex (ARC). In some people the protective immune system may be destroyed by the virus and then other germs (bacteria, protozoa, fungi, and other viruses) and cancers that ordinarily would never get a foothold cause "opportunistic diseases..." using the *opportunity* of lowered resistance to infect and destroy. Some of the most common are *Pneumocystis carinii* pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi's sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

II.

SIGNS AND SYMPTOMS

4. No Signs

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm because they may now contain the AIDS virus.


1. Virus enters white blood cells.
2. Virus attacks T cells and multiplies.
3. T cell no longer stimulates (cellular) defense response.
4. Immune system weakened.
5. Body susceptible to "opportunistic diseases."

5. ARC

AIDS - Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases and a physician should be consulted.

6. AIDS

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and may be the symptoms of *Pneumocystis carinii* pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

7. Long Term

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone, or with other symptoms mentioned earlier.

III.

8. AIDS: THE PRESENT SOLUTION

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody positive individuals who carry the AIDS virus show no

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disease symptoms and may not come down with the disease for many years, if ever.

9. No Risk from Casual Contact

There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of the AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes and kissed each other.

10. Health Workers

We know even more about health care workers exposed to AIDS patients. About 2500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the virus. These doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stool and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

11. Control of Certain Behaviors Can Stop Further Spread of AIDS

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease - its cause, its nature, and its prevention. *Precautions must be taken.* The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

12. Risks

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. is not just a male disease. AIDS is found in women; it is found in children. In the future AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

13. Sex Between Men

Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. *Infection results from a sexual relationship with an infected person.*

14. Multiple Partners

The risk of infection increases according to the number of sexual partners one has, *male or female*. The more partners you have, the greater the risk of becoming infected with the AIDS virus.

15. How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's blood stream through their rectum, vagina or penis.

Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

16. Prevention of Sexual Transmission — Know Your Partner

Couples who maintain mutually faithful monogamous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with *absolute certainty* that neither you nor your sexual partner is not carrying the virus of AIDS, you must use protective behavior. Absolute certainty means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

IV.

17. AIDS: YOU CAN PROTECT YOURSELF FROM INFECTION

Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

- If you have been involved in any of the high risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.
- If your test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).
- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).
- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.
- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.
- Single teenage girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say NO to sex! They have been taught to say NO to drugs! By saying NO to sex and drugs, they can avoid AIDS which can kill them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.
- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.

18. Intravenous Drug Users

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug related implements and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live blood left to be passed on to the next user of those dirty implements.

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No one should shoot up drugs because of addiction, poor health, family disruption, emotional disturbances and death that follow. However, many drug users are addicted to drugs and for one reason or another have not changed their behavior. For these people, the only way not to get AIDS is *to use a clean, previously unused* needle, syringe or any other implement necessary for the injection of the drug solution.

19. Hemophilia

Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusions or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

20. Blood Transfusion

Currently all blood donors are initially screened and blood is not accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become infected with the AIDS virus. Fortunately there are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should never donate blood.

21. Mother Can Infect Newborn

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS, and she can pass the AIDS virus to her unborn child. Approximately one third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with the AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus. Almost all babies with AIDS have been born to women who were intravenous drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high risk group or that you have had sex with someone in a high risk group, such as homosexual and bisexual males, drug abusers and their sexual partners, see your doctor.

22. Summary

AIDS affects certain groups of the population. Homosexual and bisexual males who have had sexual contact with other homosexual or bisexual males as well as those who "shoot" street drugs are at greatest risk of exposure, infection and eventual death. Sexual partners of these high risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.

V.

23. AIDS: WHAT IS SAFE

Most Behavior Is Safe

Everyday living does not present any risk of infection. You *cannot* get AIDS from casual social contact. Casual social contact should not be confused with casual *sexual* contact which is a major cause of the spread of the AIDS virus. Casual *social* contact such as shaking hands, hugging, social kissing, crying, coughing or sneezing, will not transmit the AIDS virus. Nor has AIDS been contracted from swimming in pools or hot tubs or from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus). AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes, or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery, or household furniture. You cannot get AIDS from body massages, masturbation or any non-sexual body contact.

24. Donating Blood

Donating blood is *not* risky at all. *You cannot get AIDS by donating blood.*

25. Receiving Blood

In the US every blood donor is screened to exclude high risk persons and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that shows exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his/her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 transfusions.

There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS cannot be transmitted non-sexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool and vomitus which are used for non-infected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and himself from hepatitis, common colds or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, like wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

26. Children in School

None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care or foster care settings after an illness. No blanket rules can be made for all schoolboards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the schoolboard would be the child's parents, physician and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.

27. Insects

There are no known cases of AIDS transmission by insects, such as mosquitoes.

28. Pets

Dogs, cats and domestic animals are not a source of infection from AIDS virus.

29. Tears and Saliva

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.

AIDS comes from sexual contacts with infected persons and from sharing of syringes and needles. There is no danger of infection with AIDS virus by casual social contact.

30. Testing of Military Personnel

You may wonder why the Department of Defense is currently testing its uniformed services personnel for presence of the AIDS virus antibody.

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The military feel this procedure is necessary because the uniformed services act as their own blood bank in a time of national emergency. They also need to protect new recruits (who unknowingly may be AIDS virus carriers) from receiving live virus vaccines. These vaccines could activate disease and be potentially life-threatening to the recruits.

VI.

31. AIDS: WHAT IS CURRENTLY UNDERSTOOD

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In five years we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavioral research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the potential discovery of factors that may better explain the mechanism of AIDS infection.

32. Why are the antibodies produced by the body to fight the AIDS virus not able to destroy that virus?

The antibodies detected in the blood of carriers of the AIDS virus are ineffective, at least when classic AIDS is actually triggered. They cannot check the damage caused by the virus, which is by then present in large numbers in the body. Researchers cannot explain this important observation. We still do not know why the AIDS virus is not destroyed by man's immune system.

33. SUMMARY

AIDS no longer is the concern of any one segment of society; it is the concern of us all. No American's life is in danger if he/she or their sexual partners do not engage in high risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body.

People who engage in high risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS - for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health care delivery system.

The most certain way to avoid getting the AIDS virus and to control the AIDS epidemic in the United States is for individuals to avoid promiscuous sexual practices, to maintain mutually faithful monogamous sexual relationships and to avoid injecting illicit drugs.

VII.

34. LOOK TO THE FUTURE

The Challenge of the Future

An enormous challenge to public health lies ahead of us and we would do well to take a look at the future. We must be prepared to manage those things we can predict, as well as those we cannot.

At the present time there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect us all.

35. Information and Education Only Weapons Against AIDS

It is estimated that in 1991, 54,000 people will die from AIDS. At this moment, many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 people could be saved in 1991 from death by AIDS.

36. AIDS will Impact All

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

37. Be Educated — Be Prepared

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials and family physician will be able to help you.

38. Concern About Spread of AIDS

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

39. Special Educational Concerns

There are a number of people, primarily adolescents, that do not yet know they will be homosexual or become drug abusers and will not heed this message; there are others who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus.

40. High Risk Get Blood Test

The greatest public health problem lies in the large number of individuals with a history of high risk behavior who have been infected with and may be spreading the AIDS virus. Those with high risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use. If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test. Call your local health department for information on where to get the test.

41. Anger and Guilt

Some people afflicted with AIDS will feel a sense of anger and others a sense of guilt. In spite of these understandable reactions, everyone must join the effort to control the epidemic, to provide for the care of those with AIDS, and to do all we can to inform and educate others about AIDS, and how to prevent it.

42. Confidentiality

Because of the stigma that has been associated with AIDS, many afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS. Because there is no vaccine to prevent AIDS and no cure, many feel there is nothing to be gained by revealing sexual contacts that might also be infected with the AIDS virus. When a community or a state requires reporting of those infected with the AIDS virus to public health authorities in order to trace sexual and intravenous drug contacts — as is the practice with other sexually transmitted diseases — those infected with the AIDS virus have gone underground out of the mainstream of health care and education. For this reason current public health practice is to protect the privacy of the individual infected with the AIDS virus and to maintain the strictest confidentiality concerning his/her records.

43. State and Local AIDS Task Forces

Many state and local jurisdictions where AIDS has been seen in the greatest numbers have AIDS task forces with heavy representation from the field of public health joined by others who can speak broadly to issues of access to care, provision of care and the availability of community and psychiatric support services. Such a task force is needed in every community with the power to develop plans and policies, to speak, and to act for the good of the public health at every level.

State and local task forces should plan ahead and work collaboratively with other jurisdictions to reduce transmission of AIDS by far-reaching informational and educational programs. As AIDS impacts more strongly on society, they should be charged with making recommendations to provide for the needs of those afflicted with AIDS. They also will be in the best position to answer the concerns and direct the activities of those who are not infected with the AIDS virus.

The responsibility of state and local task forces should be far reaching and might include the following areas:

- Insure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of AIDS virus.
- Conduct AIDS education programs for police, firemen, correctional institution workers and emergency medical personnel for dealing with AIDS victims and the public.
- Insure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool, and vomitus have adequate equipment for cleanup and disposal, and have policies to insure the practice of good hygiene.

44. School

Schools will have special problems in the future. In addition to the guidelines already mentioned in this pamphlet, there are other things that should be considered such as sex education and education of the handicapped.

45. Sex Education

Education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curricula. There is now no doubt that we need sex education in schools and that it include information of heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

46. Handicapped and Special Education

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental behavior. Because of the right to special education of the handicapped and the mentally retarded, schoolboards and higher authorities will have to provide guidelines for the management of such on a case-by-case basis.

47. Labor and Management

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

48. AIDS Education at the Work Site

Offices, factories, and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients before the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as are any workers with a chronic illness. In-house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

49. Strain on the Health Care Delivery System

The health care system in many places will be overburdened as it is now in urban areas with large numbers of AIDS patients. It is predicted that during 1991 there will be 145,000 patients requiring hospitalization at least once and 54,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS.

State and local task forces will have to plan for these patients by utilizing conventional and time honored systems but will also have to investigate alternate methods of treatment and alternate sites for care including homecare.

The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers, and volunteers to deal with AIDS. Such support is critical to the minority communities.

50. Mental Health

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness, and dying. Dealing with these individual and family concerns will require the best efforts of mental health professionals.

51. Controversial Issues

A number of controversial AIDS issues have arisen and will continue to be debated largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine, and identification of AIDS carriers by some visible sign.

52. Compulsory Blood Testing

Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost prohibitive. It can be expected that many who *test negatively* might actually be positive due to *recent* exposure to the AIDS virus and give a false sense of security to the individual and his/her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted, will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high risk behavior.

53. Quarantine

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment. Such circumstances should be managed on a case-by-case basis by local authorities.

54. Identification of AIDS Carriers by Some Visible Sign

Those who suggest the marking of carriers of the AIDS virus by some visible sign have not thought the matter through thoroughly. It would require testing of the entire population which is unnecessary, unmanageable and costly. It would miss those recently infected individuals who would test negatively, but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

55. Updating Information

As the Surgeon General, I will continually monitor the most current and accurate health, medical, and scientific information and make it available to you, the American people. Armed with this information you can join in the discussion and resolution of AIDS-related issues that are critical to your health, your children's health, and the health of the nation.

ADDITIONAL INFORMATION

Telephone Hotlines (Toll Free)

PHS AIDS Hotline
800-342-AIDS
800-342-2437

National Sexually Transmitted
Diseases Hotline/American
Social Health Association
800-227-8922

National Gay Task Force
AIDS Information Hotline
800-221-7044
(212) 807-6016 (NY State)

Information Sources

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey Building
Room 725-H
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (202) 245-6867

Local Red Cross or
American Red Cross
AIDS Education Office
1730 D Street, N.W.
Washington, D.C. 20006
Phone: (202) 737-8300

Being There with a Dying Son

JUDI AND RALPH STONE DESCRIBE THEIR LAST MONTHS WITH THEIR SON WHO HAD AIDS.

BY MARTA SEGOVIA ASHLEY

Judi, Ralph, and Michael Stone
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Michael Stone, a nineteen-year-old senior in college, was diagnosed as having acquired immune deficiency syndrome (AIDS) in September 1984. He died less than two months later. Judi and Ralph Stone, Michael's parents, were interviewed by Marta Segovia Ashley, Shanti Project editor, a year almost to the day after Michael's death. Both Michael and his mother were Shanti clients. Judi since has taken the Shanti emotional support volunteers training and is a spokesperson for Shanti.

The Shanti Project is a San Francisco organization of professional staff and nearly 300 volunteers who provide free service to persons with AIDS and their loved ones. Shanti is a Sanskrit word meaning "inner peace."

When did you first know your son Michael had AIDS?

Ralph: We had just taken Michael back to UC Santa Cruz where he was entering his last year of school there. We got a call on Saturday morning from a doctor at Dominican Hospital in Santa Cruz, saying Michael had been admitted to the hospital and that he was seriously ill. He gave me the impression that to save his life he had to give him medication that had very serious side effects and he wanted our permission to administer it. The doctor told me Michael had pneumocystis and was cautious about whether we knew he was gay or not. We told him that if that was the only thing that was going to save his life, "You obviously have to give it to him." So we said yes and got into the car and rushed down there.

Judi: Not in these words, but the doctor said that if I wanted to see Michael alive we had better get down there quickly and that Michael had asked him not to say anything to us, but he felt Michael's condition was critical. The reason they needed our permission was because Michael was not fully conscious at the time.

When we arrived there, Michael seemed better and was able to talk. We stayed there while they did the bronchoscopy under general anesthesia, which was probably not the greatest way to do it considering he was at risk. The doctor told us immediately upon arrival that Michael had pneumocystis and said, "Yes, Michael does have AIDS," and then left it up to us to tell Michael. We had talked to Michael a little about it when we first arrived, "The doctor thinks you have AIDS." And Michael did tell us, "I didn't want you to know anything until all the test results were in."

When Michael woke up he asked what the test result was and we told him, "Yes, it was AIDS." He didn't react much to it and I tried to reassure him by saying, "Well, I guess you have AIDS, but that doesn't mean anything." He was pretty tired so we let him rest. There was a lot of commotion going on. The medical staff was reacting to a lot of contagion hysteria: gowned and masked up. The nurse would not let me take my purse into the room. I could never figure that out. The orderly that was cleaning down the gurney that brought Michael back was dressed like he was from outer space. One of the nurses insisted that we get someone religious in to see Michael. She had written Michael off. They figured that Michael was going to die and they couldn't get him out of there fast enough.

I tried to reassure him by saying, "Well, I guess you have AIDS, but that doesn't mean anything."

Ralph: They wanted someone religious to go in so he could give Michael last rites, or so that he could make peace with God. I said, "Hell no, Michael is not religious and it's not the time for that." We finally had to take the nurse aside and say, "Listen, he's getting all upset with all these precautions and especially your attitude toward him." It was obvious to us this was their first AIDS patient and even the doctor's bedside manner left a lot to be desired. He had about as much sensitivity as a rock. All he could harp on was that Michael was going to die and, "You had better start preparing yourself for it." Michael was picking all this up from the people around him. He made one comment, "The nurses think I have the Black Plague."

Did he have any of the other symptoms of AIDS?

Judi: Yes, he did have night sweats. I think he had diarrhea for over three years. The doctor's reply to that was it was just the Gay Bowel Syndrome. His weight stayed steady all those years. He didn't start declining or getting sick until he went to South America. Of course, there he saw doctors and we all assumed that it was parasites. Basically he was having digestive problems with constant diarrhea. I went down to see him after he had been there for about six months. He looked terrible. He had lost a lot of weight. When he came back he had thrush. He had problems with his gums, all fungal diseases, herpes was going haywire; yet he went to the doctor and he got a clean bill of health. His dermatologist was looking for exotic South American diseases. His dentist said, "Well, he obviously has a gum problem." But no one looked for AIDS. Before he went back to school we talked to him about taking better care of his health, not to stay up all night, etc. We did notice that his energy level was down. He just wasn't partying as much and was coming home much earlier than he normally would have.

Did his doctor have him transferred to Kaiser?

Judi: Yes, it was much better, all of the gowning and masking stopped. At the hospital in Santa Cruz we could not visit him unless we were gowned and masked up. He stayed in Kaiser for three weeks. The pneumocystis was treated with Septra, then he developed an allergic reaction to the drug. They put him on pentamidine and he came home for three weeks. As soon as

They figured Michael was going to die and they couldn't get him out of there fast enough.

he got to Kaiser, someone from Shanti or the AIDS Foundation was really on the ball. He had all his paperwork filled out; they even processed his social security papers. The next thing I knew he had a Shanti counselor.

How did he feel about his Shanti counselor, Sheera?

Judi: He loved Sheera. He told me, "You have to overlook what she looks like. She rides a motorcycle and looks real punk, but she is real neat."

At this point he was making plans about not going back to Santa Cruz. He was considering transferring to State and going part-time. His latest thing was that he was going to graduate in Latin American studies and then go to London and study drama, or he was considering majoring in business and going on to law school.

Describe the three weeks he was home.

Judi: Sheera would come over and that was nice. They would lay in the back yard together. He just had to get a suntan. He and Sheera would go to Cafe Flore together. She would take him to buy records and he was still buying clothes at this time, too. He would lay on the couch here or stay up in his room and watch television. He just didn't have much energy to do many things, but he didn't complain a lot.

I took him down to the support group because he couldn't have made it by bus. We took him to the movies. His friend Albert came and also took him to movies. Albert and I talked afterward about how terrible that cough of Michael's was.

I took him to the doctor as he was just not getting better. He would lay around in bed coughing. He couldn't breath very well. He couldn't lie down without coughing. He was coughing the whole time. Finally he was admitted again and he was put on pentamidine immediately because they figured it was pneumocystis again.

Would he sleep at night?

Judi: I think he would doze in between, but he would cough all night. The same as during the day: he would swallow all this cough syrup but none of it would work. Once he was back in the hospital and they started doing all sorts of tests, he started complaining to me about the doctors; some of the residents were not doing things right. He told the doctor that he wanted to go home. Every day he would ask the doctor about leaving and when he saw us he would say that he wanted to go home.

Ralph: If his temperature would stay down he could go home but it never would. Then he would say, "Well, maybe tomorrow I'll go home."

Judi: He finally convinced the doctor to let him go home. I brought him home at six o'clock. He was released with medications. He went straight to bed. We had cleaned his room. We got a machine to clean out the air because of his allergies and really cleaned the room so there was no dust. He started to act funny. He said, "I have to go to the bathroom and brush my teeth." He came out carrying my toothbrush and he was getting cranky and disoriented. There was something that was not all there. He had sitting on his nightstand all these different pills, including sleeping pills, and I remember picking them up and saying, "I'm going to take these because you don't remember and you'll take too many." He said, "What do you think, that I'm going to commit suicide or something?" I said, "No, but you're not going to remember and it is better that I give them to you any time you want them. I'll know when you have taken them." That didn't seem to be any problem. He started slurring and I called Ralph then. He started really shaking then, too. His eyes were completely unfocused and at that point I realized something was seriously wrong. I called Kaiser and got an ambulance and of course I was transferred to a doctor and explained to him that he had AIDS and was just released. This doctor asked me, "Do you know what this means?" and I said, "I know what this means. I just want him back in the hospital."

What did it mean?

Judi: The doctor probably thought, as did the first doctor, that he was going to die; and he was trying to prepare me. It turned out that the pentamidine had lowered his blood sugar so low that he went into diabetic shock. When the medics came, they were really good, no complaints, they got him on the bed. He was in a daze but knew what was going on. We got him to the hospital and the doctor looked at him, saying, "Well, if it is what I think it is, he should be okay in a few minutes." They gave him glucose. They asked us to step out for a few minutes and then after they said, "Now you can come in." We walked in and he was wide awake. "Why am I here? What am I doing in the hospital?" He couldn't remember anything. "I want to go back home." The doctor said, "You have to stay here tonight."

We stayed for a little while, then Michael said that he wanted us to go because he wanted to go to sleep. We got some more covers since he was cold. We felt good at that point. He would say, "I'm so tired, it's okay if you leave," and because he was so independent about everything, we respected his wishes.

How did you feel going through that experience?

Judi: The doctor apologized about that. "I never expected that to happen. You should never have had to go through that." He had never had a patient have a reaction that many hours later. Michael stayed in the hospital the remainder of his life. The next day he was tested and they decided he had pneumonia but it was cytomegalovirus (CMV). There was nothing they could treat him with and that is when the cryptococcal meningitis came in, and all different kinds of funguses. At one point he also had herpes on his back, and diarrhea. Through all of that he was adamant about going to the bathroom by himself. He had a nurse take him to the bathroom everyday to wash his hair because of the IV's. He just kept saying, "When can I go home?" He kept riding the doctor and the doctor kept saying the same thing.

Ralph: We humored him and said, "Maybe we can try a day pass. You can come out during the day and come back at night." That was what we were shooting for. From early on, I was pessimistic. I thought he had a death sentence. We always talked in terms of "a couple of years." I knew, realized, and probably broke down a couple of times, but finally accepted that he was not going to live. At first I didn't realize that he was not going to have a couple of years; we knew when we took him to the Shanti dinner on Thanksgiving.

When we saw him dressed up trying to get into the car with his oxygen tank, we realized how sick he was; he was going downhill. I remember when he went to the support group and I guess there were several people who had a lot of KS [Kaposi's sarcoma] lesions all over them. He made some comment like, "I don't look as bad as them." Kind of like, "Those guys are really bad, but not me." He went back a couple of times. Maybe he didn't want to go back because he didn't want to look like them.

Judi: He couldn't go back because he was only home for three weeks. He did go to the Shanti Halloween party. Ralph took him there and someone brought him home.

Ralph: It took him a long time to get ready for that.

Judi: He went as a pirate. He got dressed up in red clam diggers, and a big shirt and whatever pirates wear. He had some make-up on, and earrings. He was so funny. We had a young woman staying here at the time, a prearranged situation, and he didn't want her to see him. He made a comment about the party, "What kind of a party does not have booze?" Sheera went down, too. Sheera did not go to the hospital a lot, just a few times. We wondered why he had started to alienate his friends. They would call and he would say he was tired and would call them back later and then he wouldn't. Sheera spent a lot of time with Michael when he was here at home.

Do you think that he would tell her that he did not want to see her?

Judi: Yes. The relationship was that he had to call her and say that he wanted to see her. It wasn't Sheera; it was him. He didn't like that many people visiting him in the hospital. We never really talked about the fact that Michael was going to die. One night Ralph broke down and cried saying Michael was going to die. I kept assuring him that he was not going to die. I truly did not think Michael was going to die, but I was also taking care of things somehow knowing he was going to die. When he started getting worse, at the beginning of November, he told me very seriously to do his Christmas shopping. I tried to shrug it off and said, "We don't have to do this." He said, "You know I'm not going to be around. I can't do the shopping because I won't be around. So, please, do it for me."

How did you feel when he said that?

Judi: Well, I figured I had better listen. I didn't really process it. I was still humoring him in whatever he wanted to say and went along with it, because it was difficult for him to talk. He didn't want to have to repeat it. Then I started to talk to him about the possibility of dying. "Are you afraid, or are you giving up, or are you afraid of what is happening? I mean you don't seem to want to talk about it. Our concern is that you are not telling us how you feel." He answered that he was not afraid or concerned, but there were things "you cannot talk about." He said, "It looks like I am going to die and that's that."

Ralph, tell some of the things that you and he talked about.

Ralph: Well, I always got the feeling that he was waiting for me or us to tell him, "We told you so. You knew your health was bad and if you had taken care of yourself you would not have gotten AIDS." I tried to reassure him that I didn't feel that way.

Were you very close to him?

Ralph: Not in the sense of demonstrating affection.

He said something jokingly about AIDS being God's punishment on gays.

I had been very disapproving of his lifestyle. Going out and partying all the time and not studying. I guess I had been too demanding on him. On Friday night instead of saying, "Great that you did that," I would say, "Why didn't you do that, too?" I guess that is the kind of thing we talked about those last few weeks. I told him I really wasn't disappointed in him and that I was proud of him. It seemed that I did all the talking. I tried to tell him all the things I should have told him all of his life. I talked about my family and my relationship with my parents. So, I guess we had a chance to make peace.

I had a hard time adjusting to his homosexuality. When he was fourteen, he came in scared and told us he was gay. I remember thinking I wasn't surprised. It's funny, you get signals that just hit you in the face. We didn't make a big issue of it. We said he might want to talk to someone about it. I never openly disapproved of him, but I guess I was adjusting to it; and I am sure my own adjusting to his sexuality carried over. He knew I was having a difficult time with it.

Towards the end you had made time to make amends.

Ralph: Yes. He said something jokingly about AIDS being God's punishment on gays, and I think maybe he thought it was some kind of lesson to him. I tried to tell him that he had nothing to feel sorry about. He also wondered how I felt about him dying. It was during this period of time we got it all talked out. It was a good feeling for me to have done that. I didn't feel great that he died, but I am grateful that we had a chance to talk before he died. We could have spent all our lives having never said the things that we said to each other in those last two weeks. I told him I loved him very, very much.

Judi: He told Sheera and me that he did not want to linger on for a couple of years. He just wanted to get something massive and get it over with. He started saying these things in tidbits here and there; he didn't say them all at once. I was making arrangements to get oxygen at home since he wanted to come home. He was sick and tired of all the medications. I said, "Okay, you can come home." He then began to say, "Well, wait now, and see about Thanksgiving." I think that's when he decided, "That was it," because he was having such a hard time.

Ralph: I had a feeling there came a point at which he had no false hopes about school or going home. He was resigned to dying and to dying quickly, because he did not want to live like "this," feeling so bad and coughing all the time.

Tell me about those last few days.

Judi: Ralph got here early the next day because he thought something was the matter. Michael started hanging onto him, especially during the test and the spinal tap. A friend he had not seen in awhile had come to the hospital and he sent him away. That's when the doctor was really concerned and anxious for me to get there so he could talk to Michael, explaining that he was going to make him comfortable and asking whether Michael wanted to go on a respirator. That's when he decided that he didn't need the medication for the cryptococcal meningitis anymore. Ralph explained the purpose of the medication again to him while Michael held onto Ralph's hand for dear life. Ralph had to go to the bathroom and Michael didn't want Ralph to leave him.

Ralph: One of the residents said that he didn't have much time left, because of his blood gases. They had to get a decision from him as to whether he would want a life support system if he became unconscious or if he could not breathe without the support system. I called because it was a decision that we had to ask Michael about. Actually, I think I went in and talked to him and told him that there was not much time, that he would die shortly.

How did he respond to that?

Ralph: He didn't really say anything. I think he kind of knew. I think he asked me what could happen and I told him, "You're not going to be able to get enough oxygen to breathe; you will not have enough air to live." He asked, "Will it hurt?" or "Will it be painful?" I told him they will be giving you morphine and as much as you want so you will be comfortable. Then I said, "There will come a time when you won't be able to breathe by yourself and you will be put on a respirator that will artificially breathe air. Is that something you want done?" He said, "No." Then the doctor came and explained that it was only a matter of time. Judi left work and came to the hospital and the doctor talked to us about it being a matter of time.

Judi: This was Friday. At this point we stayed the rest of the time. Ralph stayed until nine. Then Michael rallied again. He was coughing but sitting up and watching television, and we stopped talking about death and put it aside.

He was still enjoying watching television?

Judi: He watched television until the last day. I stayed overnight and he didn't sleep. By this time he was on morphine. The next morning he said, "Oh, you slept here. That was good. I slept well." He hadn't slept well but maybe he thought he did. Ralph came and he was perky and he talked with him. This was Saturday and we spent the day there.

How were you feeling emotionally?

Judi: I was kind of numb. I remember feeling numb and rushing back to the hospital after I changed clothes

and ate breakfast. Ralph stayed until nine that night and I spent the night helping the nurse change the sheets because he was drenched. He was still talking and he was still willing to drink orange juice. His kidneys were not functioning and he couldn't urinate. About five a.m. on Sunday morning I called Ralph and said, "You better come because he may die any minute." And when Ralph got there he rallied again. He was talking.

Judi: We each held his hands and watched him breathing. He rallied for a couple of hours. He talked to Ralph. Then he started dozing. It was probably an hour or so before he died. He just lay there and would breathe very slowly and then he would stop and then he would breathe again.

The whole time you were just touching him?

Judi: Yes. Just there. It seemed like an eternity. The nurses were very good. They didn't disturb us except to check his bladder, or to swab his mouth from getting dry, or to turn him. Then Ralph said, "You can let go, Michael."

Ralph: It looked like he was fighting it. He would breathe and then pull back.

Judi: Ralph said, "It's okay." And after that he died. He died quite peacefully.

What happened then?

Judi: Earlier Ralph told me to pack his things ahead of time because he wasn't going to come back again once Michael died. Once we realized he was dead Ralph called the nurse and then the nurse called the doctor. The nurse folded his hands across his chest and pulled the covers up. The doctor said we could stay as long as we wanted. We stayed about forty-five minutes to an hour. His face just kept on getting softer and softer. *PW*

I tried to tell him all
the things I should have
told him all his life.

Marta Segovia Ashley is editor of Eclipse, *newsletter of the Shanti Project, San Francisco.*

AIDS and the Education of our Children

A Guide for Parents and Teachers

United States Department of Education
William J. Bennett, Secretary
October 6, 1987

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On February 11, 1987, President Reagan established the following principles to guide Federal assistance regarding education about AIDS:

- Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive Federal effort in AIDS education.
- The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.
- The Federal role should focus on developing and conveying accurate health information on AIDS to educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
- Any health information developed by the Federal Government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.
- Any health information provided by the Federal Government that might be used in schools should teach that children should not engage in sex, and should be used with the consent and involvement of parents.

INTRODUCTION

Acquired immune deficiency syndrome, or AIDS, has claimed over 20,000 lives in the United States, and it is expected to claim millions more worldwide over the next few years. It is estimated that 1.5 million Americans are infected with the virus that causes AIDS, but most of them do not know they are infected.

AIDS poses special problems and concerns for parents, teachers, and other adults responsible for the upbringing of children. Because so many of these adults have expressed to me a desire for guidance on how to talk to children about AIDS, they are the primary audience for this booklet. *AIDS and the Education of Our Children: A Guide for Parents and Teachers* offers the most accurate information currently available on the AIDS virus: what AIDS is, how it is spread, how people can reduce the risk of contracting it. It addresses the issues and the questions that many parents and teachers face in talking to children about AIDS. I hope this booklet will help them do so in a manner consistent with their moral principles and with the best interests of their children.

The fight against AIDS must have three fundamental goals. First, we must do all we can to find a cure for AIDS and a vaccine against the virus. Second, we must care for all victims of the disease; this care must include protecting them from injustice and persecution. Finally, we must take appropriate measures, such as routine testing and effective education, to protect the public health.

It has been less than a decade since AIDS first appeared in the United States. In that short time, considerable progress has been made in the fight against the disease. Thanks to our medical researchers, the virus that causes it has been identified, a blood test for the AIDS antibody has been developed, and extensive research efforts have been initiated to find drugs to treat the disease and to create a vaccine to prevent it. We do not yet have a cure, but the means to find one as quickly as possible have been put into place.

Education has played an important part in the battle against AIDS, and it must continue to do so. The Federal Government and many state governments and localities have launched AIDS education programs for the public and for young people in schools. Adults need to know the facts, the often unwelcome facts, about AIDS. They need to know what kinds of behavior put them and their children at risk of contracting AIDS. And they need to know what measures offer real protection and what measures offer false security.

The key fact young people need to know is this: there is much they can do to avoid contracting AIDS. Most cases of AIDS result from behavior that can be avoided. AIDS is primarily spread by having sexual contact with an infected person or by sharing hypodermic needles or syringes with an infected person. Avoiding such behavior greatly reduces the chances of becoming infected. Individuals are not powerless against the threat posed by AIDS. We can protect our young people, and the way to protect them is to tell them the truth and to teach them to act responsibly.

Because AIDS is most commonly spread by intimate sexual activity with an already infected person, AIDS is one more reason to examine what we are teaching our children about responsibility and sexuality. They need to know, in a way that is appropriate to their age and experience, the facts about the disease. They need to know how to avoid contracting AIDS. They need to be able to distinguish between rational fears and irrational fears. In speaking to young people about sexual activity and AIDS, parents and other adults responsible for young people's well-being must tell the truth. The task of adults is to show the way to responsible sexual behavior. And adults must be truthful about the risks and dangers—moral, physical, and psychological—of irresponsible sex, of heedless, careless use of one's own or another person's body.

In regard to AIDS specifically, responsible adults will counsel young people against premature sexual activity—that is, against engaging in sexual activity before achieving maturity, before acquiring an understanding of the seriousness of what is involved, before achieving respect for oneself or others, before being willing and able to accept responsibility for one's actions. Among many other reasons for postponing premature sexual activity—in addition to the reasons adults have traditionally offered and still should offer—AIDS offers one more compelling reason. The stark message is this: if you have sex with a partner infected with AIDS, there is a chance you will get the virus and that you will die from it.

AIDS and the Education of Our Children is an effort to present the facts as clearly as possible. This task was difficult in light of the sensitive topics which are addressed and the limited extent of available knowledge about some aspects of AIDS and the AIDS virus infection. This publication will be revised as we learn more about the disease.

William J. Bennett
Secretary of Education

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What Is AIDS?

AIDS (acquired immune deficiency syndrome) is a disease caused by a virus that destroys a person's defenses against infections. These defenses are known as the immune system. The AIDS virus, known as human immunodeficiency virus, or HIV, can so weaken a person's immune system that he or she cannot fight off even mild infections and eventually becomes vulnerable to life-threatening infections and cancers.

The exact origin of AIDS is unknown. The disease was first noted in the United States in the late 1970's and early 1980's. The tracing of AIDS began only when doctors had seen enough of it to recognize that they were faced with a serious, previously unknown disease. It was formally defined for the first time in 1982.

By 1981, doctors had identified 266 people in the United States with AIDS. By September 14, 1987, there were 41,825 Americans diagnosed as having AIDS. Medical officials believe that the actual number of persons with the disease is higher. Some under-reporting occurs; a study by the Centers for Disease Control estimated that the actual number of AIDS cases is about 10 percent higher than the number officially identified. In addition, a recent change in the definition of AIDS (in August 1987) may increase the number of cases by 10 to 15 percent.

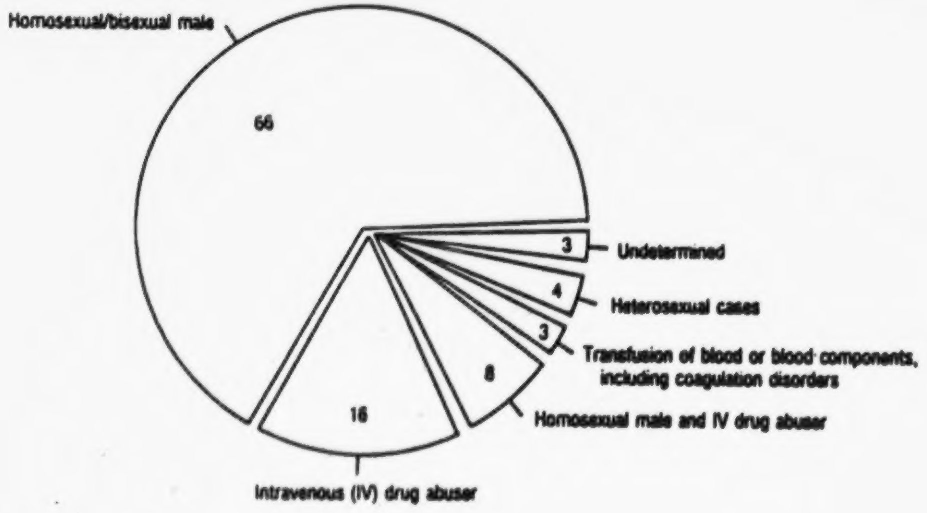
Moreover, AIDS only represents the end-stage disease caused by the virus. The number of people who are infected with the AIDS virus but have not developed the disease is now estimated to be about 1.5 million.

As of September 14, 1987, only 17,755 of the 41,825 victims of the disease were still alive. Every state has reported at least one AIDS case, and 32 states have reported at least 100 cases. The majority (53 percent) of the reported cases of AIDS are concentrated in six metropolitan areas: New York; San Francisco; Los Angeles; Houston; Washington, D.C.; and Miami.

The AIDS virus is transmitted through the exchange of infected body fluids. Some 89 percent of persons known to have AIDS are homosexuals or intravenous drug abusers; 1 percent are infants and children; 3 percent became infected through blood transfusions before the Red Cross and other centers began testing blood for the AIDS antibody in 1985; and for 3 percent, the cause is undetermined (see Chart 1).

CHART 1 — Mode of Transmission for Persons with AIDS
Adults and Adolescents

Percent of Cases



SOURCE: "AIDS Weekly Surveillance Report," Centers for Disease Control, September 14, 1987

Only 4 percent of known AIDS patients became infected with the disease through heterosexual contact. Some health officials estimate that by 1991 the number of AIDS cases acquired through heterosexual contact will increase to 6 percent of all cases. This, however, is still a matter of debate within the medical community.

Black and Hispanic young people have been much more affected by AIDS than young whites. Although they make up only 23 percent of the U.S. population between 5 and 19, they make up 57 percent of the reported cases in that age group. Eight out of ten children under the age of 5 with AIDS are black or Hispanic.

It is estimated that by 1991 a total of 270,000 persons will have developed AIDS in the United States (with 74,000 cases occurring in 1991 alone) and almost 179,000 Americans will have died from AIDS.

Symptoms of AIDS Virus Infection

The AIDS virus reduces the ability of the body's immune system to protect against disease. In addition, the virus may attack the nervous system and result in damage to the brain. The AIDS virus may initially cause a wide range of symptoms, including chronic episodes of the following:

- Fever
- Night sweats
- Diarrhea
- Weight loss
- Fatigue
- Swollen lymph glands
- Skin rashes
- Neurologic disorders such as memory loss, partial paralysis, and loss of coordination

Pneumonia, cancers, and other illnesses—many of them otherwise rare—may develop as a result of the damage done to the immune system by the AIDS virus. These illnesses are serious, difficult to treat, and often recurrent. Many patients die within 2 years of the appearance of the disease. Persons infected with the AIDS virus have developed symptoms of AIDS as early as 4 months or as late as 10 or more years after becoming infected. There have been no recorded cases of prolonged remission of AIDS.

No Cure or Vaccine for AIDS

At the present time, there is no vaccine to prevent people from becoming infected with the AIDS virus. Many of the illnesses caused by the AIDS virus are treatable, but the AIDS infection itself cannot be cured. The AIDS virus ultimately leads to illnesses that prove fatal.

Much research is being conducted to develop experimental vaccines as well as experimental drugs

such as zidovudine (previously known as azidothymidine, or AZT), which is believed to delay the progression of the disease. But scientists believe that it may take many years before a proven vaccine to prevent AIDS or proven treatments to cure the disease might be available.

How Is the AIDS Virus Transmitted?

Common Ways of Transmission

The AIDS virus is most commonly transmitted through male homosexual intercourse with an infected partner and through the sharing of intravenous drug needles or syringes with an infected person. It can also be transmitted by heterosexual intercourse with an infected partner. Because the AIDS virus, when present, is contained in some body fluids (mainly blood, semen, and vaginal secretions), actions that involve the exchange of these fluids between people greatly increase the chances of passing the virus to another person. Women infected with the AIDS virus may also transmit it to their children during pregnancy or, later, during breast-feeding.

Because the AIDS virus can be transmitted by the transfusion of blood or certain blood products, hemophiliacs and other recipients of transfusions or blood products were at very substantial risk of becoming infected. However, since 1985, donated blood has been screened by a new test that can identify blood containing antibodies to the AIDS virus. The chance now of getting AIDS from a transfusion is very small.

The AIDS virus has also been found in saliva, tears, breast milk, and urine. However, on the basis of current medical research, the chances of becoming infected with the AIDS virus by coming into contact with these body fluids and wastes are small, certainly far smaller than through the usual routes of sexual intimacy and intravenous drug use.

The Public Health Service to date has stated there is no evidence to suggest a risk of contracting the AIDS virus from day-to-day social or family contact with someone who has AIDS. A study of the families of 45 adults with AIDS found that none of their children became infected with the AIDS virus through contact with other family members or by sharing kitchen and bathroom facilities.

Unknowing Transmission

It is not currently known how many of the persons infected with the AIDS virus will develop the disease. Most experts estimate that more than 50 percent of those now infected with the virus will develop the disease over the next 10 to 15 years. ***Regardless of whether the symptoms of AIDS are apparent, anyone who is infected with the AIDS virus must be presumed to be capable of transmitting the virus to someone else.*** Persons who do not have the symptoms of

AIDS but are capable of infecting others pose a serious risk to their sexual partners. Although it cannot provide a cure today, medical science has provided information about the transmission of AIDS and a highly accurate testing procedure for the infection with which the unknowing transmission of AIDS can be greatly reduced.

How Are Adolescents at Risk of Contracting AIDS?

Teenage Sexual Activity

Statistics show that sexual activity increases dramatically during the teenage years. By age 15, 16 percent of boys and 5 percent of girls in the United States have had heterosexual intercourse at least once. By age 17, these rates almost triple for boys and increase 5 times for girls. By age 19, three-quarters of all boys and almost two-thirds of all girls have been sexually active (see Chart 2). The incidence among teenagers of homosexual activity, the most common mode of transmission of the virus, is not known.

Research also shows that most teenagers are not using condoms, which provide some but by no means complete protection from the AIDS virus. In a 1986 survey of 1,000 teenagers, the majority (53 percent) of sexually active teenage boys did not use condoms.

Increased sexual activity among teenagers has contributed greatly to their high rates of contracting sexually transmitted diseases such as gonorrhea and syphilis (see Chart 3). This increased sexual activity also makes the transmission of AIDS more likely. More than 6 out of 10 persons with gonorrhea or syphilis are less than 25 years old—that is, 581,913 out of a total of 938,038 cases in 1985. The Centers for Disease Control reported that in 1985:

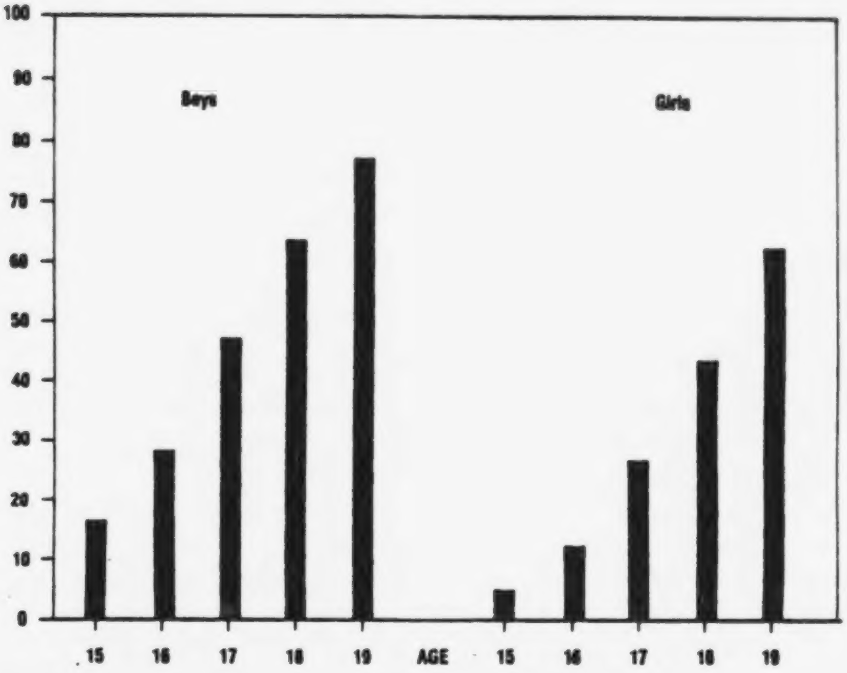
- One out of four persons with gonorrhea or syphilis (25 percent) was between 10 and 19 years old.
- Almost 4 out of 10 persons with gonorrhea or syphilis (37 percent) were between 20 and 24 years old.

Teenage Drug Abuse

Drug abuse is, unfortunately, quite widespread among American school children. Over half of high school seniors have used illicit drugs, though only a small percentage of teenage drug users use intravenous drugs and risk contracting AIDS in this way.

- About 8 percent of all cocaine users have injected the drug intravenously. In addition to cocaine, other drugs that may be taken intravenously are amphetamines and other stimulants, hallucinogens such as phen-

CHART 2 — Percentage of Boys and Girls 15 to 19 Years Old Who Have Had Heterosexual Intercourse



SOURCE: Tabulations from the 1982 national longitudinal Survey of Youth by the Center for Human Resource Research, Ohio State University, 1983. In RISKING THE FUTURE, National Academy Press, 1987.

cyclidine (PCP), most narcotics (e.g., heroin), and many "designer" drugs, which are slight chemical variants of existing illegal drugs.

- Although most intravenous drug users are age 25 to 45, more than 20,000 teenagers have used drugs intravenously. And most older intravenous drug users have a history of involvement with illegal drugs that began in their teens with the use of nonintravenous drugs. The use of any illegal drug is dangerous in itself and the use of one illegal drug often leads to the use of others.

Inadequate Information

Many teenagers do not know the basic facts about AIDS. Recent surveys have demonstrated the need for teenagers to be made aware of the activities that put them at risk of contracting AIDS.
A study of young people in San Francisco in 1986 revealed that:

- Thirty percent believed that AIDS could be cured if treated early.
- One-third did not know that AIDS cannot be transmitted by merely touching someone with AIDS or by using a friend's comb.

In addition, a study in 1986 of 860 Massachusetts teenagers aged 16 to 19 found that 22 percent did not know that AIDS can be transmitted by semen and 29 percent were unaware that it can be transmitted by vaginal secretions.

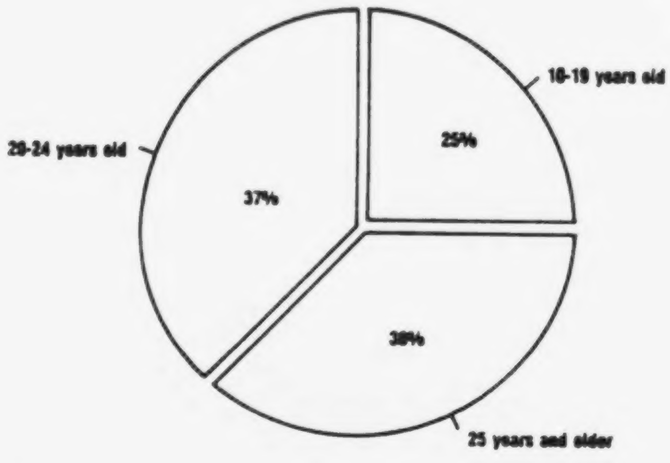
The Limits of Information and Education

Young people should be told the facts about AIDS, but information alone will not adequately protect them. In a recent survey of 458 University of Maryland students about their knowledge of AIDS and sexual behavior:

- Seventy-seven percent said that they knew that condoms can be used to limit the risk of infection of AIDS, but only 30 percent reported increased use of condoms.
- Eighty-three percent of the male students who said they had homosexual relations said that they had made no change in their behavior.

Nothing can substitute for individual responsibility. As the National Education Association guide, *The Facts About AIDS*, states: "Health education that relies only on the transmission of information is ineffective. Behavioral change results only when information is supported by shared community values that are powerfully conveyed." We must give young people the facts, but we must remember it is their sense of right and wrong, their internal moral compass, that determines their actions.

CHART 3 — Distribution of Persons With Syphilis or Gonorrhea By Age



SOURCE: Centers for Disease Control, Sexually Transmitted Disease Cases Reported, 1985

What Is to Be Done?

The surest way to prevent the spread of AIDS in the teenage and young adult population is for schools and parents to convey the reasons why adolescents should be taught restraint in sexual activity and why illegal drug use is wrong and harmful. Although messages urging responsibility and restraint have been given before, the emergence of the AIDS threat gives them even greater importance.

We here offer four principles of AIDS education to guide parents, schools, and the community in educating our children and helping them combat the disease of AIDS.

1. Help Children Develop Clear Standards of Right and Wrong

Studies have shown that children who firmly hold to the principles of appropriate moral and social conduct are less likely to act in ways that would place them at risk of becoming infected with AIDS. The most important determinant of children's actions is their understanding of right and wrong. Parents, schools, and community organizations that work with children must instill firm standards of conduct that include respect for personal well-being and the well-being of others. Children should be taught the importance of self-discipline and personal responsibility by holding them accountable for their actions. They should also be brought to understand that, as young adults, they will bear the primary responsibility for protecting themselves from becoming infected with the AIDS virus.

Actions:

- **Teach restraint as a virtue.** Parents and school personnel should teach children restraint as a standard to uphold and follow. Explain the positive benefits of responsible behavior as well as the fact that the safest and smartest way to prevent infection with the deadly AIDS virus is to avoid premarital sex and illegal drugs. Even the use of nonintravenous drugs, such as marijuana and alcohol, can lead children toward activities that would expose them to the risk of being infected with AIDS.
- **Present sex education within a moral context.** Parents want the schools to teach the difference between right and wrong in sex education and elsewhere. Parents want sexuality taught within a moral framework. In a

"Community of Caring"

The Joseph P. Kennedy, Jr. Foundation established a network of Community of Caring programs 11 years ago to help combat the problems of adolescent sexual activity and teen pregnancy. The program originally focused on helping pregnant teenagers have healthy babies, but has expanded into other areas of concern—especially pregnancy prevention. A new curriculum, "Growing Up Caring," has recently been implemented in five school systems. The curriculum is based on the belief that teenagers become sexually active because they have not perceived their sexuality in a moral context. The program operates on the premise that any time sex education is taught, it must be taught within the context of family and ethical values.

"Growing Up Caring" contains a section dealing with AIDS in its teaching units for teachers, parents, and other instructional personnel. Its discussions and activities emphasize morality and responsibility. For example, in the section on drug abuse, a point is made that teenagers are responsible not only for their health now but also for their future health and their ability to become productive citizens and to establish strong and healthy families of their own.

The curriculum is designed to encourage students to work hard and develop good character. The themes of the curriculum include the following:

- **Family.** The curriculum teaches that the family provides the major ethical framework for a child.
- **Personal responsibility.** Adolescents are taught how to assume responsibility for themselves.
- **Commitment to parenthood.** Young men and women are taught the skills and commitment needed to meet the challenge of pregnancy and parenthood.
- **Responsible sexuality.** By drawing on values that include love, concern for others, responsibility to family members, truth, productive hard work, and the wholesomeness of sexuality, adolescents are shown a basis for their future sexual decisions.
- **Planning for future goals.** The curriculum shows how adolescents can redirect their lives through planning. The hope is that the young people will form constructive and attainable goals.

national poll, 70 percent of the adults surveyed said they thought that sex education programs should teach moral values. About the same percentage believed sex education courses should urge students not to have sexual intercourse.

- **Speak up for the institution of the family.** Fidelity and commitment should be positive goals toward which all of our children should strive. Unless a marriage partner is infected before marriage or uses intravenous drugs, persons in mutually faithful and monogamous relationships are protected from contracting AIDS through sexual transmission.
- **Set clear and specific rules regarding behavior.** Parents and teachers must clearly establish appropriate standards of behavior and convey them to children in the home and school. Setting high standards of behavior and holding young people accountable for their actions will help them take responsibility for their behavior, and it will help them develop respect for others and for themselves.

2. Set a Good Example

Parents and school personnel should be aware that they very much influence young peoples' behavior. Adults who try to live in accordance with moral standards, take care of their health, and engage in a monogamous relationship provide an example to young people of how to avoid the risks of contracting AIDS.

Actions:

- **Demonstrate moral standards through personal example.** Adults must try to live up to the ideals they set for themselves and their children. They should cite concrete examples from everyday life, discuss the moral issues they confront, and describe how they find the strength to follow their ideals. Parents should put their children in contact with other adults whose lives will be a good example to young people.
- **Follow the principles of good health.** Adults who follow a healthy diet, exercise, and generally show a concern for their own well-being help children learn how to care for themselves. Similarly, adults who abuse their bodies—for example, through the use of illicit drugs—may influence children to follow their example. Adu'ts who do not show restraint in their own lives are unlikely to be successful in teaching children how to be responsible.
- **Demonstrate responsibility for others in personal relationships.** By the relationships they establish with children, their families, and other adults, parents and teachers show children how they expect them

"Postponing Sexual Involvement"

"Postponing Sexual Involvement" is a "How to Say No" program targeted to 13-to-15 year olds and their parents. The program is taught in Atlanta schools and is being implemented throughout Georgia. The program was developed to help adolescents resist pressures to become sexually active. It consists of a series of 4 one-hour sessions and a follow-up session. Program coordinators train older teenagers as peer leaders who conduct the sessions. "Postponing Sexual Involvement" does not simply present information but gives teenagers the tools and skills they need to handle the reality of their sexuality. It also identifies the sources of societal pressures that are often responsible for early sexual activity. Parents receive a shortened version of the lessons.

The results of the series are promising. In the pilot program with 1,000 teenagers:

- Seventy percent said the series taught them adolescents can decide to postpone sex without losing the respect of their friends.
- Sixty-three percent of the adolescents said they felt it was easier for them to express their point of view regarding sexual involvement after attending the series.
- Seventy-eight percent of the participants said they would recommend the series to a friend.
- Thirty-three percent said the series made them aware of the fact that most teens do indeed say no to early sexual involvement.

to act. Adults who show concern for the well-being of others help prevent the spread of AIDS through their respect for others.

3. Help Children Resist Social Pressures to Engage in Dangerous Activities

Peer pressure is one of the strongest influences encouraging students to engage in promiscuous sex and drug use. In addition, older students who have already engaged in these practices reinforce the view that sexual intimacy and drug use are the norm. Adults must counteract these influences.

Actions:

- **Help students identify negative pressures.** Schools, religious institutions, and community organizations can sponsor programs that help students identify pressures in their lives that direct them into risky behaviors. Such programs can help young people develop and practice strategies to combat these pressures.
- **Be attentive to children's behavior inside and outside of school.** Parents should be attentive to their children's school and social lives by paying attention to their children's dating, friendships, school programs, and television viewing.
- **Encourage students to provide a good example to their peers.** Students can positively influence their peers through their attitudes and everyday behavior. If student leaders take stands against irresponsible behavior, other students will be more likely to follow their lead. Students can also persuade their peers who indulge in dangerous behavior to seek adult help in combating their problems.
- **Be able to discuss drugs knowledgeably.** In order to provide guidance and to support children in resisting drugs, parents must be knowledgeable about drugs and their effects. It is better for children to obtain information about drug use from their parents than from their peers.

4. Instruct Children About AIDS

Many young people remain largely ignorant about AIDS. Some American teenagers are risking infection with the AIDS virus every day because of their involvement in high-risk activities that transmit the disease—sexual relations and illicit drug use. To prevent the spread of AIDS among young people, parents, schools, and communities should teach children about the deadly disease. The dual messages of responsibility and restraint must be integral parts of any education effort.

"Responsible for Myself"

Believing that today's young people need to learn about responsible behavior through systematic instruction rather than by chance, at San Marcos Junior High School (San Marcos, California), the staff, parents, and community members put together a program to encourage students to be responsible for themselves. Focusing on specific teenage problems such as sexual activity, drug use, poor self-esteem, and poor study habits and decision-making skills, the planning group designed a program titled "Decision Making—Keys to Total Success."

The program is required of all seventh and eighth grade students and is offered in the following sequence:

- **Study skills and test taking.** Emphasizes the acquisition of appropriate study and test-taking skills. The information is covered in the first 6 weeks of the semester.
- **How to be you.** This section focuses on self-esteem, value-based instruction, and decision-making skills. The information is covered during 6 weeks of the second semester.
- **Sexuality, commitment, and family.** This part teaches children that abstinence is the only sensible way for teens to deal with sex. It seeks to instill appreciation for the creation of life, as well as understanding that parenthood is a rewarding commitment made by responsible people. Negative peer pressure and media influence are also discussed. The information is covered in the last 6 weeks of the second semester for 8th graders.
- **How to be successful in less than 10 minutes a day.** Incorporates the themes of the other programs, stressing personal responsibility, good academic behavior, respect for self and others, persistence, and courtesy. The drug abuse prevention program is taught as part of this component and links effective drug resistance strategies to the values on which this program is based. This component is covered daily in 8-minute segments during the homeroom.

According to the principal at San Marcos, personal responsibility is the key to success for his students. Reinforced by the school's motto, "I am responsible for myself," the program has helped students strengthen their character as well as gain personal insight. ***The program helped reduce adolescent pregnancies significantly—from 147 in school year 1984-85 to 20 in school year 1986-87.***

Actions:

- **Provide the facts about AIDS.** Parents and schools should provide up-to-date information about what the AIDS virus is and how it is spread. Ordinarily, in the schools, this would be a part of sex education, which generally begins in junior high school. Young people should know that they risk contracting the disease if they engage in sexual contact or intravenous drug use with infected persons.

- **Talk to children about their fears.** Children, even at a young age, are exposed to information about AIDS. Television commercials, news broadcasts, and casual conversations will give them bits and pieces of the AIDS story that may frighten them without informing them. What they hear may cause them to believe that contracting AIDS is inevitable or, conversely, impossible. Adults need to help children articulate their fears and help correct their misperceptions.

  Discussing AIDS also can enable young people to understand the disease and the suffering experienced by its victims. In learning how to avoid AIDS, young people can also learn to have compassion for the affliction of others.

- **Teach about sex in a way that emphasizes the reasons for abstinence, restraint, and responsibility.** Many sex education programs fail to provide a message of personal responsibility. Some present sex mechanistically, answering questions about how sex works and how it can be made to serve a variety of purposes (e.g., self-gratification). Other programs contain value-neutral discussions of sexual relations in which the teacher makes a concerted effort not to make moral judgments about sexual activity.

  Responsible sex education courses should not hesitate to teach children that sexual restraint is the best standard to follow. Sexual intimacy should be presented as more than merely a physical or mechanical act.

- **Get the community involved in AIDS education.** Civic groups, churches, local health departments, and the medical community should be enlisted in educating the young people in their community about AIDS. The community must first become informed about the risks involved in acquiring and transmitting the AIDS virus infection and then present a consistent message to its young people that emphasizes the risks involved in promiscuous sex and illicit drug use.

- **Teach drug prevention to children.** Drug prevention efforts should be an integral component of all educational programs.

Condoms and AIDS

The use of condoms is now frequently recommended as a means of reducing the risk of both contracting AIDS and spreading the disease. Many people, for moral or religious reasons, oppose encouraging the use of condoms. Others are eager to make condoms widely available, even or especially to young people. In any case, if the use of condoms is to be discussed with young people, such a discussion must include the recognition of certain facts, should take place with the approval of parents, and should occur in an appropriate moral context. In particular, young people must know that ***the use of condoms can reduce, but by no means eliminate, the risk of contracting AIDS.***

Condoms can and do fail. The use of condoms can reduce the risk of infection when engaging in sexual activity, but they must be used from start to finish and in a manner that prevents any exchange of bodily fluids. Even then there is no guarantee of safety.

When condoms are used for contraceptive purposes, they fail about 10 percent of the time over the course of a year. Some experts think that condoms are much less effective as a means of stopping the transmission of the AIDS virus. According to a recent study at the University of Miami Medical School, 17 percent of the women whose husbands with AIDS used condoms became infected themselves within a year, despite the use of condoms. And the Surgeon General has also warned that condoms have "extraordinarily high" failure rates among homosexuals.

Maintaining a moral context. Any discussion of condoms must not undermine the importance of restraint and responsibility in the minds of young people. It is important to remember that condoms have long been widely available and that most teenagers know about them, yet the teen pregnancy rate has still risen. This is not only because condoms do fail, but also because teenagers who know about condoms often fail to use them. Teenagers' beliefs and convictions about proper sexual behavior are more effective in shaping their behavior than mere knowledge about devices such as condoms. Indeed, promoting the use of condoms can suggest to teenagers that adults expect them to engage in sexual intercourse. This danger must be borne in mind in any discussion.

Schools, religious institutions, and youth organizations should emphasize that drug use is wrong and harmful. Efforts should be geared to strengthening a child's resistance to drugs. For teenagers, a clear link between drug use and AIDS should be made. Children must learn that not taking drugs will reduce the possibility of becoming infected with the disease.

- **Find appropriate opportunities to discuss AIDS.** The topic of AIDS, involving as it does issues of sex and drug use, is an uncomfortable one to raise. Yet a one-time family discussion or a special AIDS curriculum unit or school assembly is not enough to prevent the spread of AIDS among young people. Adults need to find appropriate occasions to raise the issue with children—for example, when they are watching television programs that glamorize sex and illegal drugs or news programs that discuss AIDS, or when they are reading newspaper articles about AIDS

Guidelines for Selecting Educational Materials on AIDS

Materials for use in teaching young people about AIDS must be selected and developed with the approval of parents. In addition, they should meet the following guidelines:

- **Teach about high-risk behaviors.** Teenagers and young adults are at greater risk of AIDS than much of the population because of their high levels of sexual intercourse and their use of illicit drugs. This point must be made clear.

- **Present the facts in a straightforward manner.** Facts on AIDS should be accurate and current. Information should be conveyed in straightforward language that students will understand. It should honestly portray what we do and do not know.

- **Emphasize standards of right and wrong.** Instruction about AIDS must include more than basic medical information. It must be based on clear standards of individual responsibility.
— Materials should set positive standards; they should emphasize that young people can avoid premarital sex and drug use.
— Materials should not be value neutral. Young people should be told that the best way to prevent the sexual transmission of AIDS is to refrain from sexual activity until as adults they are ready to establish a mutually faithful monogamous relationship. AIDS education should confirm this message from the sex education curriculum. AIDS education (as part of sex education in general) should uphold monogamy in marriage as desirable and honorable.
— Materials discussing illicit drugs should not condone "responsible use" or use of "soft drugs." All illicit drug use is wrong.

- **Select appropriate materials.** To teach about AIDS is to deal with sensitive topics. Instructional materials, therefore, must be appropriate to the age of the students being taught and to local community needs and values.
— Young children should not be given overly explicit and detailed explanations. For them, instruction should lay the foundation of moral action and good health and give limited attention to AIDS itself.
— Although materials for older children will deal specifically with AIDS, they should emphasize standing up for one's convictions and abstaining from premarital sexual relations and illicit drug use.
— Education materials for adolescents may, with parental consent, also include information to help them reduce the risks to themselves and to other people.

- **Promote parental involvement.** Materials should recommend how parents and communities can become involved in the AIDS discussion. Parents and community members should be involved in the selection of materials and curriculum programs.

In deciding how to teach children about AIDS, school personnel should review the entire curriculum to find the most appropriate places for including this topic. All members of the school staff should be informed about AIDS and about ways to present the subject to children.

Children With AIDS in the Schools

To date, there have been no reported cases of the transmission of AIDS in the school setting. The U.S. Public Health Service and the American Academy of Pediatrics have stated that, in most cases, children with AIDS should be permitted to attend school. However, they do advise school administrators that children with AIDS who lack control over bodily functions, have open wounds or cuts, or display behavior such as biting, should receive individualized instruction outside the classroom.

Because of their weakened immune systems, children with AIDS or the AIDS virus who attend school are more likely to get common childhood infections—such as the flu, colds, and chicken pox—than children who do not have AIDS. After they contract these routine childhood illnesses, they have a greater chance of developing complications.

They may also be more likely to have more serious contagious diseases, such as hepatitis or tuberculosis. In addition, children with AIDS might not be permitted by their doctors to have routine vaccinations, because these vaccinations may place the children at risk of contracting the disease of the vaccine as a result of their impaired immune system. A child with AIDS should be under a doctor's supervision in order to assess periodically whether the child should remain in school.

Communities should take steps to ensure that medical information about persons who have AIDS (or who test positive for the virus) is kept confidential and used only for purposes of protecting the public health. Both the Education of the Handicapped Act (EHA) and the Family Educational Rights and Privacy Act contain prohibitions on unconsented disclosures of personally identifiable information about students. Disclosure of such information is permitted to appropriate school officials, if justified by public health or other legitimate considerations.

A number of states have passed laws that address requirements for reporting the AIDS virus for public health purposes and also for maintaining the confidentiality of such information. Other state legislatures are considering these issues. Accordingly, school officials are well advised to monitor developments in the law of their state on these matters.

Questions have arisen about whether school districts are required to include children with AIDS in their regular education program or to provide special programs because of impairments due to AIDS. Recently, the Supreme Court ruled in *School Board of Nassau County, Florida, et al. v. Arline* that persons with a record of an infectious disease (in that case, tuberculosis) are covered by Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against handicapped persons in programs that receive Federal funds.

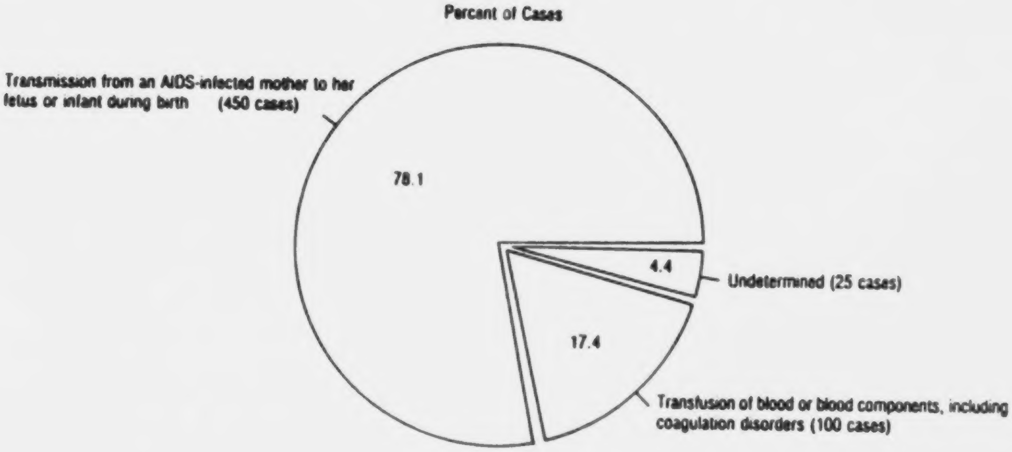
Children whose health is impaired by AIDS, and because of that impairment need special education and related services, are also covered under the EHA, which guarantees a free appropriate public education to handicapped children.

In determining whether an individual child with AIDS should be served in its regular programs, a school district should take into consideration bona fide medical considerations about the likelihood of the risk of the infection to other children. With respect to a child with AIDS who is served in its regular programs, these medical considerations may also justify a school district placing limitations on specific activities, such as sports, in which children participate. Similarly, decisions on placement should address whether the child will conduct himself or herself in a manner that will not endanger other children.

School districts cannot, however, refuse to pro-

Chart 4—Transmission Categories For Children With AIDS

(Includes All Patients Under 13 Years of Age At Time of Diagnosis)



SOURCE: AIDS Weekly Surveillance Report, Centers for Disease Control, September 14, 1987 vide educational services to children with AIDS who are covered by the EHA or Section 504. Districts must also ensure that the services provided are appropriate for each child.

Children with AIDS may be absent from school more frequently than other children. During prolonged absences, education services must, under Federal law, be made available to children with AIDS. These may include home tutors as well as any other provisions made by the school system for sick children.

Under the EHA and Section 504, placement decisions must be made by a team of persons knowledgeable about the child and be based on medical and educational data concerning the child. For example, the team might include the child's parents, physician, teacher, public health personnel, and other appropriate education personnel.

Placement decisions must be based on the education needs of the child and reasonable medical judgments, given the current state of medical knowledge about risks to the child and others. For example, restricted placement may be advisable for chidren who lack control of bodily secretions, are at increased risk of contracting serious illness, are likely to engage in behavior such as biting, or have open wounds. Under the EHA, the child's education program must be reviewed regularly to determine whether a change to the child's placement is required.

PART 3: SOURCES OF INFORMATION ABOUT AIDS

Toll-Free National Information

Public Health Service National AIDS Hotline (recorded message) 1-800-342-AIDS

A national information service that provides round-the-clock information on AIDS. The 4-minute recorded telephone message outlines the methods of protection against the AIDS virus, mentions the blood tests that detect the AIDS virus (and where the tests are available), and provides information for women planning to become pregnant who are concerned about AIDS. The recorded message also provides the telephone number for contacting a hotline staff member for additional information (shown in the next listing).

The National AIDS Hotline (hotline staff) 1-800-342-7514

The Public Health Service operates this national resource and information service 7 days a week, 24 hours a day. In addition to providing information about AIDS, the staff refers callers to local hotlines and testing sites, and provides telephone listings for counseling and other support groups. Free written materials are available upon request.

School and Community Resources

American Red Cross

This organization operates an AIDS Public Education Program intended to provide reliable, factual data to help prevent the spread of the disease. Educational materials are disseminated through more than 600 AIDS coordinators in local Red Cross chapters throughout the nation. Available materials include pamphlets containing the latest facts about AIDS, such as guidelines for prevention programs for young people and information for parents of school-age children, teachers, and school officials. The Red Cross also has a film on AIDS developed for teenagers. American Red Cross, 2025 E Street, N.W., Washington, D.C. 20006.

AIDS School Health Education Subfile

A computerized subfile of the Combined Health Information Database which contains information about AIDS programs, curricula, guidelines, policies, regulations, and other materials. Anyone who wants to locate this information must telephone Bibliographic Retrieval Service Information Technologies to obtain access to the data (1-800-468-0908) or write BRS Information Technologies (1200 Route 7, Latham, New York 12110). The fee for obtaining a password is $75.00 per year, and the current time charge for searches ranges from $10.00 to $45.00 per hour. Training on conducting database searches is available in most cities.

U.S. Public Health Service Recommendations for Education and Foster Care of Children

The following statements are excerpted from the guidelines developed by the Centers for Disease Control to help state and local health and education officials develop their own guidelines in light of community needs and concerns.

Risks to the Child with HIV Infection

HIV (AIDS) infection may result in immunodeficiency. Such children may have a greater risk of encountering infectious agents in a school or day-care setting than at home. Foster homes with multiple children may also increase the risk. In addition, younger children and neurologically handicapped children who may display behaviors such as mouthing of toys would be expected to be at greater risk for acquiring infections. Children with depressed immune systems are also at greater risk of suffering severe complications from such infections as chicken pox, cytomegalovirus, tuberculosis, herpes simplex, and measles. Assessment of the risk to the immunodepressed child is best made by the child's physician, who is aware of the child's immune status. The risk of acquiring infection such as chicken pox may be reduced by prompt use of specific immune globulin following a known exposure.

Recommendations:

1. Decisions regarding the type of educational and care setting for HIV-infected children should be based on the behavior, neurologic development, and physical condition of the child and the expected type of interaction with others in that setting. These decisions are best made using the team approach including the child's physician, public health personnel, the child's parent or guardian, and personnel associated with the proposed care or educational setting. In each case, risks and benefits to both the infected child and to others in the setting should be weighed.

2. For most infected school-aged children, the benefits of an unrestricted setting would outweigh the risks of their acquiring potentially harmful infections in the setting and the apparent nonexistent risk of transmission of HIV. These children should be allowed to attend school and after-school day-care and to be placed in a foster home in an unrestricted setting.

3. For the infected preschool-aged child and for some neurologically handicapped children who lack control of their body secretions or who display behavior such as biting, and those children who have uncoverable, oozing lesions, a more restricted environment is advisable until more is known about transmission in these settings. Children infected with HIV should be cared for and educated in settings that minimize exposure of other children to blood or body fluids.

4. Care involving exposure to the infected child's body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the child's HIV infection and the modes of possible transmission. In any setting involving an HIV-infected person, good handwashing after exposure to blood or body fluids and before caring for another child should be observed, and gloves should be worn if open lesions are present on the caretaker's hands. Any open lesions on the infected person should also be covered.

5. Because other infections in addition to HIV can be present in blood or body fluids, all schools and day-care facilities, regardless of whether children with HIV infection are attending, should adopt routine procedures for handling blood or body fluids. Soiled surfaces should be promptly cleaned with disinfectants, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in the disinfectant. Those who are cleaning should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

6. The hygienic practices of children with HIV infection may improve as the child matures. Alternatively, the hygienic practices may deteriorate if the child's condition worsens. Evaluation to assess the need for a restricted environment should be performed regularly.

7. Physicians caring for children born to mothers with AIDS or at increased risk of acquiring HIV infection should consider testing the children for evidence of HIV infection for medical reasons. For example, vaccination of infected children with live virus vaccines, such as the measles-mumps-rubella vaccine (MMR), may be hazardous. These children also need to be followed closely for problems with growth and development and given prompt and aggressive therapy for infections and exposure to potentially lethal infections, such as varicella.

In the event that an antiviral agent or other therapy for HIV infection becomes available, these children should be considered for such therapy. Knowledge that a child is infected will allow parents and others to take precautions when exposed to the blood and body fluids of the child.

8. Adoption and foster-care agencies should consider adding HIV screening to their routine medical evaluations of children who are at increased risk

of infection. This should be done before placement in the foster or adoptive home, since parents must make decisions regarding the medical care of the child and must consider the possible social and psychological effects on their families.

9. Mandatory screening as a condition for school entry is not warranted based on available data.

10. Persons involved in the care and education of HIV-infected children should respect the child's right to privacy, including maintenance of confidential records. The number of personnel who are aware of the child's condition should be kept at a minimum needed to assure proper care of the child and to detect situations where the potential for transmission may increase (e.g., bleeding injury).

11. All educational and public health departments, regardless of whether HIV-infected children are involved, are strongly encouraged to inform parents, children, and educators regarding HIV and its transmission. Such education would greatly assist efforts to provide the best care and education for infected children while minimizing the risk of transmission to others.

Selected List of Publications About AIDS

The following list of materials illustrates some of the materials available for AIDS education.

***AIDS Prevention Program for Youth* by the American Red Cross, 1987.** The American Red Cross believes that adolescent health education should be based on positive values that rest on religious, ethical, legal, and moral foundations. The Red Cross also recommends that education be provided within the family and supplemented by schools and community groups that encourage parent-child communication. It has developed a four-part AIDS prevention program for junior and senior high school students, which consists of a 25-minute video-tape, titled "A Letter To Brian," a student participant text/workbook, a leader's/teacher's guide, and a parent support brochure. The program will be made available to schools and families through local chapters of the American Red Cross. American Red Cross, National Headquarters, Washington, D.C. 20006, (202) 639-3220.

***Educator's Guide to AIDS and other STD's* by Stephen R. Sroka, 1987.** The guide presents abstinence as the most effective method of preventing AIDS, and it emphasizes responsible sexual behavior and prevention of drug use. To help students avoid sex and drugs, many activities teach students how to respond in situations in which they may feel pressured into inappropriate behavior. In addition to providing effective strategies for AIDS prevention, the guide contains basic information about AIDS and sexually transmitted disease (STD) infections. Health Education Consultants, 1284 Manor Park, Lakewood, OH 44107, (216) 521-1766; $25.00.

***AIDS: What You Should Know* by Linda Meeks and Philip Heit, 1987.** This 27-page booklet is one of two in the Merrill Wellness Series. The booklet has student and teacher editions and is designed for use with 6th, 7th, and 8th graders. The booklet presents topically organized information on the origin of AIDS, virus transmission, risks, behaviors, virus detection, and treatment and research. The guide avoids explicit and detailed discussion of risky sexual practices and does not address the use of condoms. Students learn that abstinence is the most responsible decision they can make regarding both sexual activity and drug use. Students practice using the responsible decision-making model in various situations, and they learn how to avoid sex. All technical terms are clearly defined and key concepts are outlined in the margins. Merrill Publishing Company, P.O. Box 508, Columbus, OH 43216, 1-800-848-6205; $3.95 for student guide and $6.00 for teacher's guide.

***AIDS: Information/Education Plan to Prevent and Control AIDS in the United States,* 1987.** This 57-page book outlines a plan for informing and educating the nation about AIDS. The book identifies target audiences, basic elements of AIDS education and information, and suggests methods for conducting AIDS education programs. U.S. Department of Health and Human Services, Office of Public Inquiries, Centers for Disease Control, Bldg. 1, Room B-63, 1600 Clifton Road, Atlanta, GA 30333.

***Instructional Outcomes for AIDS Education,* 1987.** Rhode Island has issued a set of curricular and programmatic recommendations for local school districts to follow when selecting an AIDS curriculum. Although these guidelines do not constitute a state-developed curriculum, they present criteria for evaluating an AIDS curriculum and the expected learning outcomes for each age group. Abstinence, individual responsibility, and resisting peer pressure are emphasized. Prepared jointly by the Rhode Island Department of Education and the Rhode Island Department of Health. State Department of Education, 22 Hayes Street, Providence, RI 02908, (401) 277-2638. Single copies are free.

Other Resource Materials

Confronting AIDS: Directions for Public Health, Health Care and Research. A report by the Institute of Medicine of the National Academy for Sciences about the causes and transmission of AIDS, the epidemiology of conditions associated with AIDS, and recommended actions for combating the disease. Washington, D.C.: National Academy Press, 1986; $24.95.

***AIDS: Impact on the Schools* by Roberta Weiner, 1986.** A 274-page book designed to provide factual information about how the disease is transmitted, how schools have been affected to date, AIDS litigation, and problems faced by colleges and universities. A special report from the Education Research Group, 1300 N. 17th Street, Arlington, VA 22209; $45.00.

***What Works: Schools Without Drugs,* 1986.** This U.S. Department of Education handbook recommends approaches for stopping drug use in America's schools. The guide describes schools and communities which have successfully implemented drug abuse prevention programs and presents information on how drugs affect people and how parents and teachers can recognize when students are using drugs. A list of resources and organizations which parents, students, and educators can use to develop plans to stop drug use in schools is included. A free copy can be obtained by writing *Schools Without Drugs*, Pueblo, CO 81009, or by calling 1-800-624-0100 outside of the District of Columbia area and 659-4854 in the District.

☆U.S. Government Printing Office [illegible]

Ordering Information

To obtain an additional copy of this book free of charge, please write:

Consumer Information Center
Dept. ED
Pueblo, Colorado 81009

DEPARTMENT OF EDUCATION
UNITED STATES OF AMERICA

QUESTIONS YOU MIGHT BE ASKED BY STUDENTS

(Adjust the language of the answers to fit the vocabulary level of the students)

1. Q. *Where did AIDS come from?*

A. The exact time and place of origin of AIDS is unknown, and there is still international debate over the issue. But it is important to remember that we have never known when and where most diseases began. Knowing where a disease first came from is not nearly so valuable as knowing how to prevent it, and that is information we do know about AIDS.

Much of the speculation about the beginning of AIDS centers on Africa in the mid 1970's. Green monkeys there have been suggested as the source. But no one yet really knows, and maybe no one ever will. However, just because we do not know where a disease came from does not mean that there is something "mysterious" or "suspicious" about it. There is no reason to believe that the HIV virus did not arise through natural mutation, or infect people through accidental transmission from another animal species, just as other diseases probably first occurred.

2. Q. *Will there be a vaccine for AIDS? Or a cure?*

A. Medical scientists do not expect to have a vaccine for general use anytime in the near future, although they are certainly working on it. Vaccines are difficult to create because they depend on introducing some part of a germ, or a weakened or dead germ, into the body so that the body can develop immunity to the germ. It is not easy to develop a vaccine that will result in immunity but not accidentally give a person the disease. Of course, no vaccine developed in the future could help those who are already infected.

No cure for AIDS exists now. At present, one drug, AZT, is licensed for use to help slow the growth of the virus, but AZT does not destroy the HIV virus. A disease such as AIDS is particularly difficult to cure because the genetic material of the virus actually becomes a part of human cells, and the human cells then do the work of reproducing more viruses. The problem is: how do you destroy the parasite (virus) without hurting the host (human cells) when the virus has become part of the cells?

Since no vaccine or cure is in sight, the best way you can protect yourself is abstinence from sexual intercourse and intravenous drug use.

3. Q. *How long can the HIV virus be in people before they get sick?*

A. Since AIDS is a relatively new disease, no one yet knows for sure how long it could eventually take, but it appears that it might take up to ten or more years. Many people who have been infected for many years now have not become sick, while some people have developed ARC (AIDS-Related Complex) and some have developed AIDS. It will probably take many years before enough information will have been collected to answer this question well. But anyone who has been infected stays infected for life and can infect others, even if he or she doesn't feel or appear sick.

4. Q. *Does everyone who is infected get AIDS? Do all people who have AIDS die?*

A. Those are hard questions to answer because AIDS has not been studied for very many years and because the disease can take ten or more years to develop after infection. But here is some information provided by studies to date:

Once a person is infected with HIV

- 20 to 30% of infected persons get AIDS within 5 years.
- 70% get AIDS or ARC within 7 years after infection.

Once a person develops AIDS

- 50% of persons with AIDS die within one year after diagnosis.
- 80% die within two years after diagnosis.
- No one has ever completely recovered from AIDS.

5. Q. *What are the signs of AIDS?*

A. Many of the symptoms of AIDS are also symptoms of such minor illnesses as colds and flu. But with AIDS, the symptoms don't go away, or they keep coming back. Some of these symptoms include unexplained tiredness; unexplained weight loss (more than 10 per cent of body weight); fever or night sweats; diarrhea; white spots on the tongue or mouth; swollen lymph glands in the neck, armpits, and groin; dry cough not caused by a cold or flu; and red, blue, or purple blotches that look like bruises but don't go away and are located on the skin, inside the mouth, nose, eyelids, or rectum.

This list of signs and symptoms should not be used to try to diagnose a health problem in yourself or another person. If you have an unusual condition or problem in or on your body, you should see a physician for help.

6. Q. *Why do people with AIDS sometimes get other diseases?*

A. The HIV virus actually attacks the immune system of people. So, people who have AIDS have weak immune systems. When our immune systems are weak, we are less able to fight off many diseases.

Two of the diseases that people with AIDS sometimes get include a rare form of skin cancer (Kaposi's sarcoma) and a rare form of pneumonia (pneumocystis carinii pneumonia). Opportunistic illnesses such as these (they take advantage of the "opportunity" presented by a weak immune system) can sometimes result in death.

7. Q. *Can you get AIDS in swimming pools, hot tubs, or lakes? Or from bathtubs or toilet seats?*

A. No, there isn't any evidence at all to believe that people get AIDS in these ways. The HIV virus is spread almost entirely by sexual intercourse and by sharing the syringes and needles used to inject drugs intravenously. The HIV virus cannot easily survive for long outside of the liquids of the body. The most important liquids (those most likely to contain the virus in an amount and condition necessary to infect others) are blood, semen, and vaginal secretions. And the virus cannot normally infect another person unless it enters directly into the bloodstream.

You can imagine how difficult it would be for a sufficient number of HIV viruses to leave one person through blood, semen, or vaginal secretions, be diluted by water, survive in an environment for which they are not adapted (e.g., chlorine in pools and hot tubs destroys the virus), and find another person who has an opening directly into his or her blood stream. The odds against this happening are so high that they are not worth considering. One might as well worry about being killed by a falling comet!

8. Q. *Is there a risk of AIDS by sharing makeup, hair brushes, or combs?*

A. No. There are no recorded cases of any of these articles spreading AIDS. But personal grooming articles can spread lice and possibly other diseases. It is best not to share these items.

9. Q. *How about sharing toothbrushes or razors? Couldn't they carry HIV infected blood from one person to another?*

A. Although no cases of this happening have ever been reported, it is theoretically possible. (And there is a big difference between possible and probable! Remember, AIDS is hard to get except through sexual intercourse and intravenous drug use.) The best policy is not to share personal grooming or hygiene items, for many reasons.

10. Q. *I've heard that the HIV virus has been found in tears and saliva. Could you get AIDS by kissing, or by using a CPR mannequin?*

A. The HIV virus has been identified in some samples of tears and saliva, but only in very small amounts (concentrations). Small concentrations of germs are less dangerous than large concentrations. But no cases of the spread of AIDS by saliva (or tears) have been found, although scientists have investigated the possibility. For example, studies have been done of children who live in the same home with another child who has AIDS, and no cases of transmission from one child to another have been recorded, although the children put each other's toys into their mouths and even bit each other.

No cases of transmission of the HIV virus by kissing have been reported, either. If kissing were an easy method of transmitting the virus, there certainly would be many more cases of HIV infection than are known to exist! Nevertheless, a cautious person should be careful about deep, intimate kissing, particularly with a person who might be at high-risk of AIDS because of his or her sexual or drug using behavior.

CPR mannequins are not known or suspected to be a problem. Standard cleansing measures and current CPR practicing procedures recommended by the Red Cross and American Heart Association are sufficient to prevent any possible risk of AIDS. (The AIDS virus is not strong. It is easily destroyed by detergents, heat, and disinfectants.) But for those who worry, personal plastic shields are available for practicing CPR on a mannequin.

It should be reassuring to know that even health care workers who have given mouth-to-mouth resuscitation to HIV infected persons have not contracted AIDS in that way.

11. Q. *What if someone gets hurt and bleeds in sports or physical education class? Can you get AIDS if the blood gets on you?*

A. Let's look at what would have to happen in order for you to be infected this way. First, you can't get infected unless the person who is bleeding is already infected, and AIDS is still a pretty rare disease among young people. So, your chance of getting blood on you from someone who is infected is slim to begin with.

Second, your skin would protect you from the HIV virus, just as it protects you from all of the other germs that surround all of us all the time. So you would have to have a break in your skin in order to be infected. The chances of both the first and second circumstance happening at the same time make your chances of infection still smaller.

Third, the viruses from the other person's blood would have to enter into your bloodstream. But that wouldn't be easy because your blood is coming out of the break in your skin. (Have you ever tried to push running water back into a faucet?)

So, adding these factors together, your chances of getting AIDS through sports or physical education are incredibly small -- perhaps millions to one odds against getting AIDS, and, in fact, there are no known cases of anyone ever getting AIDS this way.

Of course, if you do get someone's blood on your skin, you should wash thoroughly with soap and water as soon as possible. Blood can carry many diseases, and it has always been healthy advice to clean oneself after contact with another's blood.

If you care about risks to your health, as most people do, you would be far better off to take such precautions as always wearing your seat belt, eating a low fat diet, or not smoking than worrying about getting AIDS in ways other than through sexual intercourse or intravenous drug use. Sex and drugs are the AIDS risks that young people should be concerned about. Otherwise, AIDS is hard for the average person to get.

12. Q. *What if I have to touch someone who is bleeding, to help him out, or if I have to clean up blood?*

A. Latex gloves can give you extra protection in these situations. But anytime you come in contact with another person's blood or body secretions, it is good hygienic practice to wash your hands with soap and water. Other people's blood or body secretions can carry many diseases, many of them much easier to get than AIDS.

13. Q. *Can you get AIDS by living with, or going to school with, someone who has it?*

A. There is no risk of casual spread of AIDS. No one has ever been shown to have contracted AIDS in these ways, even people who have shared towels, eating utensils, household furniture, and bed linens. People, young or old, who have AIDS need attention, kindness, and caring. There is no reason to avoid them, treat them unkindly, or fear them.

14. Q. *Can you get AIDS from a restaurant if a restaurant worker who has AIDS prepares or serves the food?*

A. No. There is no evidence that AIDS has ever been transmitted in these ways and no reason to believe that it could be. The HIV virus is not spread by food or eating utensils, or by sneezing or coughing. Since people don't get AIDS by living in the same house with a person who has it, there isn't any reasonable chance of getting it in a restaurant either. The HIV virus is fragile and doesn't survive easily outside the human body.

15. Q. *They use needles for ear-piercing, tattoos, and acupuncture. Could you get AIDS that way?*

A. Yes, there is a possibility of getting AIDS in these ways if the people who use the needles don't properly sterilize them between clients, or don't use new needles each time. The blood on these needles could be just as dangerous as the blood on the needles and syringes that people use to inject drugs intravenously. Sharing needles gives the HIV virus a direct route from the inside of one person's bloodstream to the inside of another's. But even so, no cases of AIDS resulting from tattoos, acupuncture, or ear-piercing are known to have occurred.

16. Q. *Mosquitoes suck blood from people. Can they, or other insects, carry the virus from one person to another?*

A. Some mosquitoes do carry some diseases, such as malaria, from one person to another. So it might seem logical to think that they could also carry AIDS, but there is no evidence to suggest that this is true for mosquitoes, or any other insects, including ticks and lice.

In the case of the mosquito, for example, the disease-causing organisms that mosquitoes are known to transmit have part of their life cycles in mosquitoes and are dependent on the mosquito for survival. The organisms reproduce in the mosquito and pass from the mosquito's stomach to the mosquito's salivary glands in large enough concentrations that they can infect another person when the mosquito injects a tiny amount of saliva into a person before sucking up more blood. The organisms may have to live in the mosquito for a long time between mosquito "meals".

The HIV virus is not adapted to passing through the mosquito's body to the salivary glands, does not reproduce in the mosquito's body, and does not live very long in the mosquito. And there is no reason to believe that the virus could survive in the minute amount of blood that might remain on the tiny proboscis of the mosquito after it consumes blood. This may explain why there is no evidence that mosquitoes transmit the HIV virus. And, in any case, if mosquitoes, or other insects, carried the HIV virus from one person to another, many people with AIDS would be found whose source of the disease could not be explained in any of the more common ways. But this has not happened.

17. Q. *Can you get AIDS by donating blood?*

A. Absolutely not! The people who take blood donations are well-trained and always use new needles to draw your blood.

18. Q. *Can you get AIDS from blood transfusions?*

A. Recipients of blood transfusions and hemophiliacs who receive certain blood components are at almost no risk now, due to blood testing methods, the discouragement of high-risk persons from donating blood, and a heat treatment for the blood products that hemophiliacs need. These protective procedures were adopted in 1985. Most of the cases of HIV infection resulting from blood transfusions occurred before 1985.

19. Q. *I have heard that 5% of AIDS cases can't be explained. Nobody knows how they got the disease. How can anyone be sure they didn't get it by casual contact, from a restaurant, swimming pool, or mosquitoes? How can I be sure I can't get it in those ways?*

A. Actually, about 3% of AIDS cases have undetermined sources. Here are some of the reasons why: some people refuse to cooperate with an AIDS investigation, some don't tell the truth about their high-risk behaviors, some die before they can be questioned, and some are still in the process of being investigated. And, of course, some people really don't know or don't remember how they might have gotten AIDS, but that does not mean that there isn't a perfectly logical explanation. Every known case of AIDS is thoroughly investigated and it is clear that the ways people get AIDS are not mysterious.

Imaginative people can think of a thousand ways that AIDS might be transmitted, despite the lack of evidence that these creative avenues happen in real life. Regrettably, if young people falsely believe that AIDS is spread in numerous ways, they may see no good reason to practice the behaviors that really will protect them: abstinence from sexual intercourse and intravenous drug use.

20. Q. *Most of the people who have AIDS are homosexual men in their twenties, thirties, and forties. Why do the rest of us have to worry?*

A. People who don't engage in high-risk behaviors, whether they are homosexuals or not, don't have to worry. But it is not unusual for an epidemic disease to first appear in a particular population group and then to spread to the rest of the people. Now, only people who do not participate in high-risk sexual or drug using behavior can consider themselves safe from AIDS.

Age also has nothing to do with protection from AIDS. Because there can be a long period of time between infection with HIV and signs of illness, it is quite likely that some people who have developed AIDS in their twenties were actually infected in their teens. HIV can be transmitted by sexual intercourse or intravenous drug use by people of any age who engage in these activities.

21. Q. *Should I get tested for HIV infection? Should everyone be tested?*

A. There is no simple "Yes" or "No" answer to this question. If you have not engaged in behaviors that would place you at risk for AIDS, there is no reason for you to take the test. On the other hand, if you have engaged in high-risk behaviors, and if your test results show that you are infected, then you should take special precautions to help you prevent passing the virus on to someone else. And, because an infected mother can pass the virus to her unborn infant, women at risk for AIDS should be tested before they consider becoming pregnant.

All local health departments in North Carolina offer testing for the antibody to HIV. There are two reasons to go to your local health department if you are interested in the test. First, testing at local health departments is free and you don't even have to give your name. Second, counseling about the test and the meaning of the test results is very important. The staff at local health departments have been trained to give you the information and counseling you need to decide whether or not to be tested and what the test results mean.

22. Q. *What about health care workers? Can doctors, dentists, and nurses get AIDS from their patients?*

A. Taking care of persons with AIDS, or any people who have communicable diseases, means that the health care worker must take basic precautions that have been part of standard procedures for many years before AIDS. Health care workers need to wear latex gloves when they come into contact with blood, semen, vaginal secretions or other body fluids of all patients -- not just those who have AIDS. Because AIDS is not casually spread, it is not necessary for health care workers to wear special gowns, masks, gloves or other protective devices when coming in to talk with a person with AIDS, to give the patient a bath, to touch their skin, or to give them medicine. A person with AIDS needs support, understanding and kindness, just like anybody else who has a life-threatening disease.

In studies of 1,500 health care workers who have been exposed to HIV by accidentally sticking themselves with contaminated needles, splashing infected blood in their eyes or mouths, or cutting themselves with contaminated scalpels, only three have clearly become infected with HIV.

Also, thousands of health care workers have taken care of HIV infected persons, often without knowing it. But AIDS is no more common among health care workers than it is among the general population. This clearly demonstrates that AIDS is truly hard to get except through high-risk sex and drug use behaviors.

23. Q. *If AIDS is hard to get, why isn't it hard to get through sexual intercourse and intravenous drug use, too?*

A. When intravenous drug users share needles or syringes, blood can be carried directly from the inside of one person's bloodstream to the inside of another person's bloodstream. And sometimes drug users "flush" a syringe (to get every bit of the drug) by pulling some of their own blood back into the syringe and then reinjecting their own blood. If a second person uses the syringe, and even if he or she cleans the needle on the outside, some of the first person's blood may still be inside. In this case, the second person actually "pumps" the first person's blood into his or her own bloodstream. This very direct transmission of blood is one reason why intravenous drug use is so dangerous.

Another reason why intravenous drug users are especially at risk is that they often share needles and syringes with many different people. Drug users may be addicted to their drugs and, to feed their addiction, inject drugs regularly and frequently. So they have many opportunities to be infected.

Sexual intercourse can be very dangerous because the HIV virus seems "specialized" for the purpose of being transmitted that way. Most living creatures are specialized in the sense that they grow or reproduce well only under certain conditions -- fish in the sea or grass in warm, moist weather, or the germ that causes Rocky Mountain spotted fever by living for a while in ticks, for example.

Germs that cause sexually-transmitted diseases (STDs) are specialized to be transmitted by sexual intercourse. The HIV virus, for example, is found in both semen and vaginal secretions, as well as blood. Many germs are not. And when people have sexual intercourse, especially anal intercourse, sometimes sensitive body tissues may be slightly torn so that the virus has a direct route from the infected person into the other person's bloodstream. Further, the HIV virus may be able to pass directly through the mucous membrane of the vagina during sexual intercourse, even if there is no tissue damage.

This is why condoms are often used for protection from AIDS, although they don't always work perfectly. In as many as 10-15% of couples who say they use condoms for contraception, the woman gets pregnant anyway. When they are used properly, condoms help to keep blood, semen, and vaginal secretions from passing from one person to another during intercourse. Condoms work best in vaginal intercourse when used with a spermicide containing nonoxynol-9. It is not known whether spermicide is safe for anal intercourse.

The answers to these questions represent the best available information at the time of publication. We thank Drs. Jared Schwarz and Rebecca Meriwether for reviewing this information, but the North Carolina Department of Public Instruction and State Board of Education retain full responsibility for the selection, organization, and phrasing of the content for educational purposes.

CLASSROOM INSTRUCTION

TEACHING SUGGESTIONS

Critical Factors

1. Although this curriculum-supplement is about the prevention of a communicable disease, not sex education, some sexual issues will be discussed. For some, teaching sexuality-related topics is the most unpleasant task an educator could have. Others feel very comfortable. Most teachers are somewhere between.

   Any teacher who feels uncomfortable about teaching AIDS prevention should closely examine his or her own feelings and either (a) develop a plan to be positive and confident in the classroom, or (b) seek the assistance of the principal in locating a resource person to teach this unit. Serious discomfort will be apparent to students and will interfere with their learning the important information they need to know in order to protect themselves from AIDS.

2. AIDS prevention in schools is the subject of state law, policy of the State Board of Education, and sometimes local policies as well. This curriculum supplement contains the State directives, in addition to other essential information, and should be read cover-to-cover before conducting AIDS prevention education classes at the middle school level.

3. AIDS is a complex and sometimes controversial subject. Much is yet to be learned about the disease. And myths abound. But AIDS is a worldwide epidemic, an urgent health problem. Therefore, it behooves all teachers of AIDS prevention education to stay as up-to-date about AIDS as possible and to communicate straightforwardly with students. Misinformation in the classroom is unacceptable.

4. When dealing with all of the facts and possible behaviors related to AIDS and its prevention, the most important message of abstinence can sometimes get lost, perhaps because there is only one way to abstain but many ways to get into trouble. While leading class discussions, remember always to bring the topic back to the only sure, safe way for young people to avoid AIDS -- abstinence from sexual intercourse and intravenous drug use. Acceptance of this message by students is the primary learning goal of AIDS prevention.

Classroom Management

1. Persevere to get students to use correct terminology. If a student uses a slang word, explain the correct term and let him or her know that your expectation is to use correct terminology whenever possible. Reprimand students only if it appears that their intent in using slang is to be disruptive or to draw attention to themselves.

2. Permit no "gossip" about the real or imagined sexual or drug using behaviors of others. Also discourage students from talking about such behaviors of their own.

3. Deal with inappropriate laughter or giggling by explaining that people often giggle or become boisterous when they are embarassed or feel unsure of themselves.

4. Maintain personal control over all learning activities in order to assure the accuracy of all information being shared and because of the sensitive nature of some AIDS prevention topics.

5. Before beginning the first AIDS prevention class, explain your "ground rules" (e.g., use of slang, gossiping, giggling) to the students.

Teaching Style

1. Speak candidly. Euphemisms can be misinterpreted by students. For example, most adults would know that "sexually active" means having intercourse, but a student might think it means hugging or kissing.

2. Never tell, or allow students to tell, jokes about sexual matters or make off-color remarks.

3. Be very judicious about sharing any personal or family information regarding sexual or drug use matters. Do not encourage students to discuss their own families.

4. Strive to maintain credibility. Do not attempt to "scare" students about AIDS, do not mix scientific fact with personal opinion, and do not have a hidden agenda. And if you do not know the answer to a student's question, freely admit it. Be prepared to support your advice or statements.

5. Never say anything about sex or drugs in the classroom that you do not want repeated in a student's home.

6. Invite students to ask questions. Explain that you know that some questions might be difficult to phrase correctly, but that it is okay to try anyway. Also state that you know that some students might be afraid to ask questions because they would like for their friends to think that they already know everything, especially about sex or drugs. Explain that (a) few students really know as much as they pretend, (b) no question is too "dumb" to ask, (c) ignorance about drugs or sex can be dangerous, and (d) you will not permit any students to "put down" others.

7. Be sensitive to the diversity of values, religions, family organizations, income and educational levels, lifestyles, and possible illnesses in students' families. Some students will have homosexuals, drug abusers, hemophiliacs, or persons with AIDS in their families, for example, and some parents may not be married. Also, different religions have different rules and proscriptions regarding sex and drug use.

8. Be aware of your own biases or stereotypes regarding people who have AIDS. Attempt not to display them. Expect the same from your students.

9. Do not allow discussions to drift into arguments over unsupported opinions or debates of general social issues. The topic of AIDS seems to prompt such exchanges. Keep on track.

10. Recognize that AIDS can be a dramatic and frightening disease. Be accepting of students' feelings and encourage their expression. Emotion is part of learning.

11. In discussing AIDS and sex or drugs, be careful not to give students the impression that "everyone" is sexually-active or injecting drugs. In fact, most middle level students are not.

Concepts to Clarify for Students

1. Help students to distinguish among and between impossibility, possibility, probability, and certainty as related to risk. Many students think, for example, that all possible ways of getting AIDS are equally probable. Or that because one means of HIV transmission is more probable than another, then transmission must be nearly certain.

   In reality, there are few combinations of circumstances that place average middle school students at high-risk (probability) of AIDS. The only two they need to be concerned about are sexual intercourse and intravenous drug use.

2. Remind students that the media publicize unique events. Continual stories about how someone was or might have been infected by the HIV virus, or about the dramatic precautions that someone has taken to prevent infection, lead students to believe that the unusual is usual and distract attention from the real dangers regarding AIDS.

3. While taking care not to lose credibility by confusing students about whether you are "preaching" or "teaching", find occasion to remind students that sexual and drug using behaviors have both scientific and moral implications. Be sure students understand that both morality and science prescribe the same behaviors concerning sex and drugs -- abstinence is the best policy!

4. Help students to understand that the continuing discovery of new information about AIDS, and occasional technical disagreements between scientists, do not mean that AIDS is a mysterious disease, completely unlike other diseases, or that nobody really knows anything for sure about it. Assure students that we really do know how almost every person with AIDS has been infected, and we do know how to prevent infection.

GOALS AND OBJECTIVES FROM TEACHER HANDBOOK

The North Carolina Teacher Handbook for the competency-based curriculum identifies competency goals for each area of the curriculum. The goals and objectives listed below have been excerpted from the communicable diseases strand of the Health Education portion of the Teacher Handbook: Healthful Living Education K-12. The objectives have been slightly modified from the original versions.

HEALTHFUL LIVING EDUCATION
HEALTH EDUCATION

Grade Level: 7 Skills/Subject Area: Communicable Diseases

COMPETENCY GOAL 1: The learner will identify factors contributing to the occurrence and severity of communicable diseases.

Objectives

1.1 Identify three factors which can affect the severity of a communicable disease.

1.2 Describe means of transmission that result in the occurrence of communicable diseases.

HEALTHFUL LIVING EDUCATION
HEALTH EDUCATION

Grade Level: 7 Skills/Subject Area: Communicable Diseases

COMPETENCY GOAL 2: The learner will be aware of symptoms of sexually-transmitted diseases.

Objectives

2.1 Identify the symptoms of common sexually-transmitted diseases.

HEALTHFUL LIVING EDUCATION
HEALTH EDUCATION

Grade Level: 7 **Skills/Subject Area:** Communicable Diseases

COMPETENCY GOAL 3: The learner will be knowledgeable of the prevention of and treatments for sexually-transmitted diseases.

Objectives

3.1 Identify treatments for sexually-transmitted diseases.

3.2 Be aware of services for individuals with sexually-transmitted diseases.

3.3 Describe methods of preventing sexually-transmitted diseases.

These goals and objectives are the academic basis for the classroom activities described in the next portion of this curriculum supplement. Additional, more specific "activity objectives" are defined for each lesson in the next portion of this curriculum supplement.

STUDENT LESSONS

Lesson 1

Activity Objectives

Students will be able to:

1. define AIDS
2. name the virus that causes AIDS
3. describe how AIDS affects the human immune system
4. list the most common methods by which the AIDS virus is transmitted
5. identify and characterize the three levels of disease caused by the HIV virus
6. name the populations exhibiting the highest levels of HIV infection
7. identify the behaviors that can cause any person to be at risk of HIV infection
8. identify abstinence from sexual intercourse and intravenous drug use as the best prevention methods
9. identify and refute common fallacies about AIDS and its transmission
10. briefly describe public health measures and services used to control a communicable disease such as AIDS

Activity Description

Prior to class:

1. be sure to have read the entire Preventing Aids: Health Education Curriculum Supplement for Middle Level Schools, cover-to-cover.
2. assess students' knowledge of viruses and immunity to assure that they can comprehend this unit.
3. study Lecture Outline: BASIC AIDS INFORMATION and use the SURGEON GENERAL'S REPORT ON ACQUIRED IMMUNE DEFICIENCY SYNDROME as a reference.
4. study GLOSSARY.
5. make copies of Quiz: WHAT DO YOU KNOW ABOUT AIDS.

6. make transparencies from transparency masters.
    - a. EFFECT OF HIV ON THE IMMUNE SYSTEM
    - b. FOR EVERY PERSON WITH AIDS . . .
    - c. SO FAR MOST PEOPLE . . .
    - d. HIV CAN BE TRANSMITTED BY . . .
    - e. YOU CAN'T GET AIDS FROM . . .

In class:

1. Introduction
    - a. Inform students that they will be studying a unit on AIDS.
    - b. Briefly describe the importance of the topic and explain that the purpose of the unit is for students to learn how they can protect themselves from AIDS.
    - c. Also, explain your "ground rules" for the class while studying this unit (see preceding information on "Classroom Management").
2. Pretest
    - a. Give Quiz: WHAT DO YOU KNOW ABOUT AIDS as a pretest
    - b. Assure students that the quiz will not be graded and they should not write their names on the quiz.
    - c. But ask that they try to do as well as they can.
    - d. Ask students to use the back side of the quiz to write two questions about AIDS that they would like to have answered.
    - e. Collect the pretest.

    (The purposes of the pretest are to arouse student interest, channel thinking toward the topic of AIDS, estimate level of student knowledge, and provide a baseline for unit evaluation when compared later to a post-test.)
3. Class discussion
    - a. Ask students, as a group, to identify some of the important facts they know about AIDS and how it is transmitted from person to person.
    - b. Summarize student responses, whether they are correct or not, on a chalkboard or newsprint.

4. Lecture

    a. Present the lecture on BASIC AIDS INFORMATION (see outline which follows), using the SURGEON GENERAL'S REPORT ON ACQUIRED IMMUNE DEFICIENCY SYNDROME as a reference. (Keep lecture as short as possible to allow maximum time for activities which allow for more active student involvement.)

    b. Use transparencies as indicated in lecture outline

        (1) EFFECT OF HIV ON THE IMMUNE SYSTEM
        (2) FOR EVERY PERSON WITH AIDS . . .
        (3) SO FAR MOST PEOPLE . . .
        (4) HIV CAN BE TRANSMITTED BY . . .
        (5) YOU CAN'T GET AIDS FROM . . .

    c. Refer to GLOSSARY for assistance in explaining new vocabulary words to students.

5. Class discussion

    a. After presenting the information in the lecture, ask students to critique the facts they had stated previously.

    b. Have the students judge the accuracy of their own statements.

    c. Draw a line through myths or misinformation.

    d. Ask for questions or discussion in the time remaining.

6. Homework

    a. Have students locate and read a newspaper or magazine article, or other short written material on AIDS.

    b. Ask students to underline facts that were discussed in class and circle information not mentioned in class.

    c. This assignment is to be completed by the last class in the unit.

Teaching Resources

1. Quiz: WHAT DO YOU KNOW ABOUT AIDS

2. Lecture Outline: BASIC AIDS INFORMATION

3. SURGEON GENERAL'S REPORT ON ACQUIRED IMMUNE DEFICIENCY SYNDROME

4. Transparencies from transparency masters
    a. EFFECT OF HIV ON THE IMMUNE SYSTEM
    b. FOR EVERY PERSON WITH AIDS . . .
    c. SO FAR MOST PEOPLE . . .
    d. HIV CAN BE TRANSMITTED BY . . .
    e. YOU CAN'T GET AIDS FROM . . .
5. GLOSSARY

Quiz

WHAT DO YOU KNOW ABOUT AIDS

Circle either T (true) or F (false)

1. AIDS is caused by a virus. T F
2. You can get AIDS by going to school with a person who has AIDS. T F
3. Only males get AIDS. T F
4. You can get AIDS from swimming pools. T F
5. There is a cure for AIDS. T F
6. You can get AIDS by donating blood. T F
7. Most people can protect themselves from getting AIDS. T F
8. Most people who have AIDS got it by sexual intercourse. T F
9. You can get AIDS by hugging. T F
10. People who inject drugs into themselves can get AIDS that way. T F

Lecture Outline

BASIC AIDS INFORMATION

I. What Is AIDS?

- A. Caused by HIV virus (provide basic information about viruses if necessary)
- B. Damages immune system (provide basic information about immune system if necessary)
  - 1. difference from other diseases
  - 2. how damages (Transparency: EFFECT OF HIV ON THE IMMUNE SYSTEM)
  - 3. opportunistic diseases
- C. Three levels of disease (Transparency: FOR EVERY PERSON WITH AIDS . . .). Note that numbers on the transparency are estimates only.
  - 1. HIV infection (define)
  - 2. ARC (define)
  - 3. AIDS (define)
  - 4. All can infect others
- D. Course of disease
  - 1. not known for sure, too new
  - 2. many progress from HIV infection to ARC and/or AIDS, may die

II. Who Gets AIDS?

- A. Anyone can -- depends on behavior
- B. Most people who have AIDS are: (Transparency: SO FAR MOST PEOPLE IN THE U.S. WHO HAVE AIDS ARE . . .)
  - 1. mainly these two
    - a. homosexual and bisexual men
    - b. IV drug users
  - 2. hemophiliacs (in past, especially)
  - 3. sex partners of these people
  - 4. babies born to infected women

III. How Do You Get AIDS (Transparency: HIV CAN BE TRANSMITTED BY . . .)

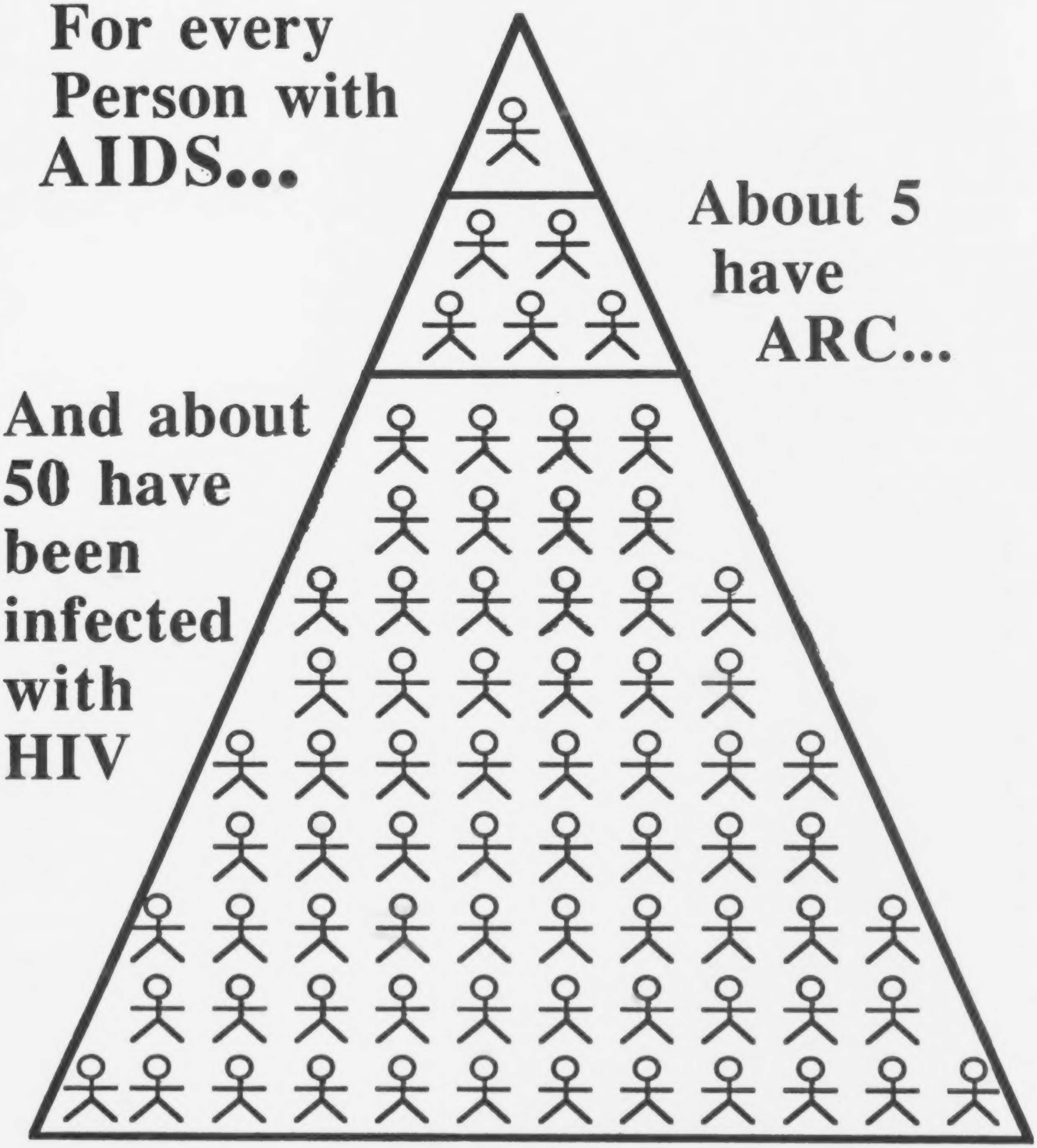
- A. Sexual intercourse
- B. IV drug use (sharing needles or syringes)
- C. No casual transmission (Transparency: YOU CAN'T GET AIDS FROM . . .)

IV. Can AIDS Be Treated?

- A. No cure for AIDS
- B. AZT slows growth of virus
- C. Treatment for some opportunistic diseases
- D. No vaccine
- E. Tests

V. How to Avoid Getting AIDS.

- A. Main way -- abstinence from sex and drugs
- B. More in Lesson 3



For every Person with AIDS...

About 5 have ARC...

And about 50 have been infected with HIV

ALL ARE INFECTIOUS

So Far, Most People In The U.S. Who Have AIDS Are:

- Homosexual or Bisexual Men
- IV Drug Users
- Hemophiliacs
- Sex partners of these people
- Babies born to infected women

HIV

Can Be TRANSMITTED By

- Sexual Intercourse
- Sharing Needles or Syringes
- Infected Mother to Baby
- Transfusion with Infected Blood (now very rare)

You Can't Get AIDS From:

- Shaking Hands
- Hugging
- Sneezing, Coughing, Spitting
- Food or Water
- Swimming Pools
- Toilet Seats, Bath Tubs

Lesson 2

Activity Objectives

Students will reinforce and extend mastery of objectives in Lesson 1:

1. define AIDS
2. name the virus that causes AIDS
3. describe how AIDS affects the human immune system
4. list the most common methods by which the AIDS virus is transmitted
5. identify and characterize the three levels of disease caused by the HIV virus
6. name the populations exhibiting the highest levels of HIV infection
7. identify the behaviors that can cause any person to be at risk of HIV infection
8. identify abstinence from sexual intercourse and intravenous drug use as the best prevention methods
9. identify and refute common fallacies about AIDS and its transmission
10. briefly describe public health measures and services used to control a communicable disease such as AIDS

Activity Description

Prior to class:

1. in order to be aware of students' interests and questions, review Quiz: WHAT DO YOU KNOW ABOUT AIDS given as a pretest in Lesson 1
2. obtain list of recommended materials from the principal
3. preview audiovisual resources
4. review GLOSSARY

In class:

1. Introduction
   a. Explain to the class that they will be viewing a film(s) or videotape(s) about AIDS.

b. Tell students that following the viewing, you will ask them to

    (1) identify what they consider to be the two most important or most interesting pieces of information in the material and

    (2) explain why

c. Then, referring to the GLOSSARY, define any new vocabulary that will be heard in the audiovisual material.

2. Audiovisual(s)

3. Class discussion

    a. After the audiovisuals have been shown, restate the questions presented in the Introduction to this lesson.

        (1) Ask students to identify what they consider to be the two most important or most interesting pieces of information in the material.

        (2) Ask them to explain why they consider that information the most important.

    b. Encourage a diversity of responses and emphasize the "why" responses as much as the "what" responses.

    c. Focus on the emotional aspects of the "whys" as much as the cognitive. (Emotions can provide motivation for behavior, and we want to motivate students to behave in ways that prevent AIDS.)

    d. If student responses are too brief and obvious, draw students out with such statements as "Could you tell me more about why that is important to you," or "How do you think you might feel if that happened?"

    e. Summarize the class responses.

Teaching Resources

1. Audiovisual resources recommended by the principal

2. GLOSSARY

Lesson 3

Activity Objectives

Students will be able to:

1. list the most common methods by which the AIDS virus is transmitted
2. identify the behaviors that can cause any person to be at risk of HIV
3. name, in order of effectiveness, the behaviors that protect one from AIDS

Activity Description

Prior to class:

1. study Teacher Resource: PREVENTION INFORMATION
2. review GLOSSARY
3. make transparencies from transparency masters
    a. COMMUNICABLE DISEASE: COMMON COLD
    b. COMMUNICABLE DISEASE: AIDS
    c. TO AVOID INFECTION WITH HIV . . .
    d. IF YOU DO HAVE SEXUAL INTERCOURSE . . .

In class:

1. Introduction
    a. Explain to students that the purpose of this class is to learn more about preventing AIDS -- of ways of protecting oneself and others from HIV infection.
    b. Tell students that they will
        (1) review the basics of how communicable diseases work, using the familiar example of the common cold, and
        (2) then apply that information to another communicable disease, AIDS
    c. Ask for a volunteer to define the term "communicable disease"
        (1) caused by an organism, germ
        (2) moves from one person to another

d. Then, explain to students that the class will study the common cold, because we are familiar with it, in order to learn some principles of communicable diseases.

e. Explain that the cold and AIDS are very different diseases that are transmitted in completely different ways, but learning communicable disease principles helps to understand AIDS and how it is and is not transmitted.

2. Lecture

a. Using the transparency COMMUNICABLE DISEASE: COMMON COLD, first concentrate on the illustration, explaining that for a communicable disease to spread, the organism (germ) that causes it must first be in or on a person (i.e., a person must have the disease or be infected by the germ). Then the germ must leave the person (exit), find a way to move to another person (transmission), and enter another person, who is then infected and may develop the disease. Explain to students that this process is common to all communicable diseases.

b. Next, reinforce the learning of the communicable disease process by explaining it again, using the words to the right of the illustration as examples to describe specifically what can happen in the case of the common cold.

3. Class discussion

a. Ask students to provide examples of how people try to prevent the spread of the cold virus (e.g., covering mouth when coughing, staying home when sick, not sneezing on other people, washing hands after blowing nose, washing hands before putting them near own mouth).

b. Next, ask students to examine each step in the communicable disease process and to try to think of ways to stop the spread of the cold virus at each step. (Encourage creative answers as listed in parentheses below. Attempts at creativity help students internalize the communicable disease process.)

Some examples: sick people could stay away from others, always cover their noses and mouths when coughing or sneezing (or wear masks), or wash their hands often. To prevent transmission, rooms could be well ventilated (or air somehow circulated through a sterilizer). Healthy people could always wash hands before putting them near their mouths or noses, or wear gloves, or limit exposure by staying away from small, crowded rooms (or take care not to touch the mouthpiece of a public telephone with your mouth).

c. Next, be sure to explain that

(1) colds are much easier to transmit than AIDS

(2) the need to prevent colds is not as important as the need to prevent AIDS, and

(3) colds and AIDS follow the same communicable disease process but differ completely in the details

4. Lecture

   a. Use the transparency COMMUNICABLE DISEASE: AIDS to first show that the illustration is identical to the previous transparency, and then proceed to explain what happens at each step of the process in regard to AIDS

   b. Next, explain examples of AIDS prevention yourself in order to assure that students learn only correct information.

      (1) Connect each example to a step in the communicable disease process just as was done for the common cold.

      (2) Describe how infected people can help prevent AIDS (stop spreading the HIV virus) by not having sexual intercourse with anybody else, not sharing needles with other, not donating to a blood bank (or organ bank).

      (3) Then discuss how healthy people can avoid AIDS by abstaining from sexual intercourse or sharing needles.

   c. Point out that one way the common cold and AIDS are similar is that both can be spread by people before they realize they are infected and before they feel sick.

      (One reason why colds are so common is that the cold virus can spread before a person has any cold symptoms. The same is true of HIV virus. People can be infected with the HIV virus for years with no signs or symptoms.)

   d. Then, explain how the HIV virus is not transmitted and why it is not easy to get from the inside of one person's blood stream to the inside of another's (unlike the ease of getting from one nose or mouth to another in the case of the common cold).

      (1) Point out that cold viruses easily survive for a while in air or on hands or objects, but the HIV virus does not.

      (2) Relate that the HIV virus is fragile -- easily destroyed outside the bloodstream where it is adapted for survival, but where the cold virus is not.

      (3) Mention the difficulty the HIV virus would have in being transmitted by air, food, swimming pools, etc.

e. Next, refer to the Teacher Resource: PREVENTION INFORMATION (which follows) to describe AIDS prevention measures more fully to students, including how latex condoms and spermicides can be used as a measure of prevention by people who do get involved in sexual intercourse and why sharing needles and syringes is dangerous.

   Relate this instruction to the communicable disease process. Condoms, for example, present a physical barrier to the transmission of the virus, just as the walls of a room might present a physical barrier to the common cold virus.

f. Summarize the main points of the lesson using the transparencies TO AVOID INFECTION WITH HIV . . . and, IF YOU DO HAVE SEXUAL INTERCOURSE . . . . When using the latter transparency, remind students that condoms don't always work and that they should be used with a spermicide containing nonoxynol-9.

Teaching Resources

1. Teacher Resource: PREVENTION INFORMATION

2. Transparencies from transparency masters

   a. COMMUNICABLE DISEASE: COMMON COLD

   b. COMMUNICABLE DISEASE: AIDS

   c. TO AVOID INFECTION WITH HIV . . .

   d. IF YOU DO HAVE SEXUAL INTERCOURSE . . .

3. GLOSSARY

Teacher Resource

PREVENTION INFORMATION

Much is known about how AIDS is spread and how it is not spread. To quickly review the basics, the HIV virus can be transmitted from an infected person to an uninfected person by sharing blood, semen, or vaginal secretions. The virus must get out of one person's bloodstream and into another's in order to cause infection. How do people share blood, semen, or vaginal secretions? Almost entirely by sexual intercourse or by sharing the needles and syringes used to inject drugs intravenously. Of all AIDS cases to date, 94% have been contacted in these two ways.

So how can people protect themselves from infection? There are four basic ways, but they are not equally safe. The first way is the best way: abstinence from intravenous drug use and sexual intercourse. The other ways are lifetime monogamy, using condoms, and not sharing needles to inject drugs. It is important to understand more about each of these because AIDS is a deadly disease.

AIDS Prevention and Sexual Intercourse

Very few people your age are involved in sexual intercourse, but sometimes people do make unwise choices and do things that are not good for them. And even people who make bad choices need to try not to get AIDS.

Abstaining from sexual intercourse is the best policy for many reasons, including moral reasons and the chance of pregnancy. A good scientific reason is that you cannot tell by looking at a person if he or she is infected with HIV. And people who are infected might not know it themselves. Since you can't tell who is infected, why take a chance?

Young people who do make the unwise choice to have sexual intercourse should give themselves some protection by always using condoms and spermicide or by being monogamous for life. Talking about condoms and monogamy is not meant to encourage sexual intercourse, or to make anyone think he or she can have sex safely because of condom use, because that isn't completely true.

Latex condoms used with spermicide can help to prevent blood, semen, or vaginal secretions from being transmitted from one person to another during vaginal intercourse -- and help prevent AIDS and other sexually-transmitted diseases. Spermicides are not recommended for oral intercourse and their safety for anal intercourse is not known. A latex condom is used to cover the male's penis and should be used from start to finish for any kind of intercourse -- vaginal, anal, or oral.

People who are having sexual intercourse should seek advice about how to use a condom correctly. Parents, physicians, or local health departments can offer such advice. CONDOMS ARE NOT 100% SAFE. In as many as 10-15% of couples who say they use condoms for contraception, the woman gets pregnant anyway. Condoms can break or leak, people can forget to use them, not use them properly, or not use them every time. And forgetting just once can be enough to get infected and develop AIDS.

Because condoms are not 100% safe, and because sexual intercourse is not a good choice for young people anyway, abstinence is the primary method of preventing AIDS that is recommended. Anything other than abstinence means taking a chance on getting AIDS.

Monogamy, having sexual intercourse with one person and only one person, helps to prevent AIDS also. The more different people one has sexual intercourse with, the more likely it is that one will have intercourse with a person who is infected with HIV. And remember, even if two people are having sexual intercourse for the first time, one can still pass the HIV virus to the other. How? If one person has shared needles for intravenous drug use, or has become infected by receiving a blood transfusion.

Not having sexual intercourse is the safest and best way not to get AIDS. It is our primary recommendation for all students, for their own protection.

AIDS Prevention and Intravenous Drug Use

When people use needles to inject drugs, a little blood can be left on the needle, in the needle, or in the body of the syringe. It might not be enough blood to be able to see. And even if the needle is cleaned, some blood might be left inside.

So, anytime two or more people use the same needle to inject themselves, they can unknowingly carry blood from one person to another. And, of course, if one person is infected with HIV, the other person can get infected also.

You might think that you wouldn't get infected if you used drugs intravenously but were always careful never to share syringes or needles. But, it's important to remember that the suppliers of drugs are often the suppliers of syringes and needles, too. A person who is unscrupulous enough to sell illegal and harmful drugs is not a good person to trust to provide clean needles and syringes. In fact, drug dealers have been known to repackage used needles and syringes and resell them as new.

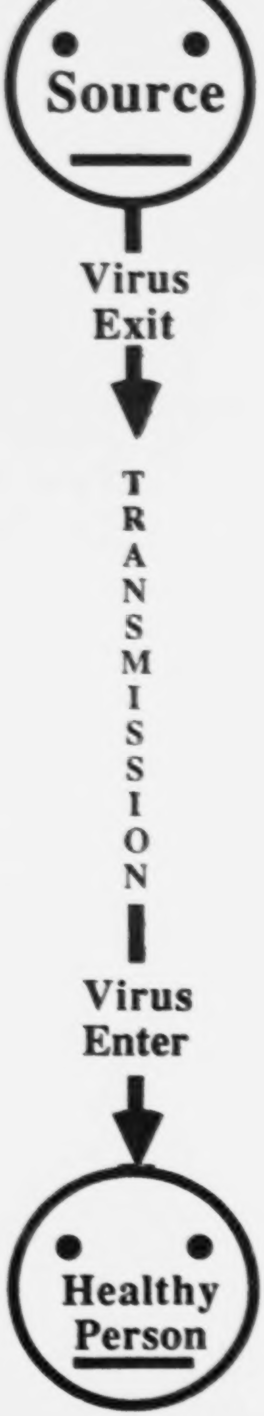
Also, people who use drugs, especially intravenous drugs that often result in addiction, cannot be sure they will use good judgement when an opportunity to get the drugs arises. In their hurry to feed their addiction, or to use the drug while it is available, they might unwisely take a chance on shared needles and syringes.

Although intravenous drug use is responsible for most AIDS cases resulting from injection of drugs, it is important to know that sharing needles or syringes to inject drugs under the skin can also result in HIV infection. Any kind of injection into the body can result in AIDS if needles or syringes are shared with others.

Abstinence from intravenous drug use and sexual intercourse is the only way to be sure you won't get AIDS.

Communicable Disease

(COMMON COLD)


Source
Virus
Exit
TRANSMISSION
Virus
Enter
Healthy
Person

Cold
(virus in nose, mouth,
throat)

Nose, mouth

Droplets in air
(coughing, sneezing,
breathing)
Hands
Things that hands touch

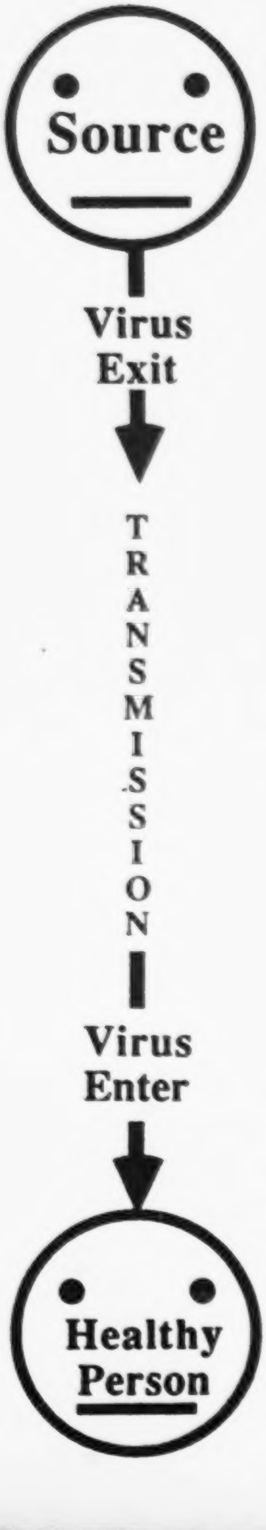
Nose, mouth

(Virus in nose, throat,
mouth)

Catches cold

Communicable Disease

(AIDS)



Source

HIV infection, ARC, or AIDS
(virus in bloodstream)

Virus Exit

Blood
Semen
Vaginal Secretions

TRANSMISSION

Sexual Intercourse
IV drug use
(transfusion)

Virus Enter

Open Blood Vessel
(or possibly Vaginal Mucous Membrane)

Healthy Person

(Virus in bloodstream)
Gets HIV infection and later maybe ARC, AIDS

To Avoid Infection with HIV:

- Don't Have Sexual Intercourse
- Don't Inject Drugs

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If You Have Sexual Intercourse*

- Stop
- Practice Lifelong Monogamy
- Use Condoms

If You Do Inject Drugs*

- Get Help to Stop
- Never Share Needles or Syringes

*Remember:

Abstinence from sexual intercourse and intravenous drug use is the surest, safest, best way for young people to avoid AIDS!

Lesson 4

Activity Objectives

Students will be able to:

1. describe factors that can predispose, encourage, or reinforce the behaviors that protect one from AIDS

Students will reinforce and extend mastery of objectives in Lesson 1:

2. define AIDS
3. name the virus that causes AIDS
4. describe how AIDS affects the human immune system
5. list the most common methods by which the AIDS virus is transmitted
6. identify and characterize the three levels of disease caused by the HIV virus
7. name the populations exhibiting the highest levels of HIV infection
8. identify the behaviors that can cause any person to be at risk of HIV infection
9. identify abstinence from sexual intercourse and intravenous drug use as the best prevention methods
10. identify and refute common fallacies about AIDS and its transmission
11. briefly describe public health measures and services used to control a communicable disease such as AIDS

Activity Description

Prior to class:

1. review questions written by students on back of pretest during Lesson 1
2. retrieve the transparencies TO AVOID INFECTION WITH HIV . . . and IF YOU DO HAVE SEXUAL INTERCOURSE . . . which were used in Lesson 3
3. make copies of Quiz: WHAT DO YOU KNOW ABOUT AIDS used as a pretest in Lesson 1 to use as a post-test at the end of this lesson

In class:

1. Introduction
   - a. Collect homework assignments.

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   b. Ask for a few volunteers to describe any information they had circled (new information not covered in class).

   c. Remind students that they had written questions on the backs of their WHAT DO YOU KNOW ABOUT AIDS quiz during the first day of the unit on AIDS.

2. Class discussion

   a. Select appropriate questions (from those written by students during Lesson 1) and read them to students, asking for volunteers to provide answers.

   b. Get class consensus on each answer, encouraging students to interact with each other.

3. Lecture

   a. Next, reuse the transparencies, TO AVOID INFECTION WITH HIV . . . and IF YOU DO HAVE SEXUAL INTERCOURSE . . . (Lesson 3) to review the behaviors that prevent AIDS

   b. For the next portion of the class, explain that it takes thought and planning to guide behavior in safe ways -- people who don't think and plan do "whatever feels good right now".

      (1) Describe how each person is responsible for the consequences of his or her own behavior and that the consequences of HIV infection are not worth temporary pleasure through sex or drugs.

      (2) Say that the purpose of the remainder of the class is to look at factors that can help us guide our own behavior.

4. Class discussion

   a. Then, ask students to identify decisions of young people that might eventually lead to behaviors that result in HIV infection.

      (1) Examples could relate to dating or drug use -- deciding where to spend free time, with whom, doing what.

      (2) Other decisions could include when to date, whom to date, where to date, whether to be alone or in a group, and how to show affection to another person without misleading the person about your intentions.

      (3) Use drug examples including deciding whether to socialize with drug users, whether to go to places where drugs are known to be used.

b. Finally, ask students to think of goals they have, or might have some day, that are not compatible with HIV infection.

    (1) Some examples might include wanting to have a family of one's own, wanting to live a long life, wanting to live a moral life, not wanting to be worried about disease, not having to wonder whether you are unknowingly giving a disease to others.

    (2) If students have difficulty thinking of goals of their own, ask them to imagine themselves next year and at ages 16, 20, 35, 50, and 70. Ask them what "pictures" they have of themselves. For example: What are they doing? How are they living? Where are they living?

5. Closure for unit

    a. Summarize the lesson by asking students to each take a couple of minutes to think of and write about (in a few sentences) the most important thing they have learned in the AIDS unit.

    b. Assure them that the sentences will be private -- not seen by anyone else, including the teacher -- but that you will ask for a few volunteers to share their thoughts.

    c. Then ask for several volunteers and discuss responses.

6. Post-test

    a. Give Quiz: WHAT DO YOU KNOW ABOUT AIDS as a post-test.

    b. Ask students to use the back side of the quiz to write down any questions they might have about AIDS that that are still unanswered. (This information will be helpful in future planning).

    c. Collect the post-test.

Teaching Resources

1. Transparencies from transparency masters

    a. TO AVOID INFECTION WITH HIV . . . (from Lesson 3)

    b. IF YOU DO HAVE SEXUAL INTERCOURSE . . . (from Lesson 3)

2. Quiz: WHAT DO YOU KNOW ABOUT AIDS

GLOSSARY*

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* Adapted from: Yarber, W. AIDS: What Young Adults Should Know (Student Guide). Reston, VA: American Alliance for Health, Physical Education, Recreation, and Dance, (1987).

abstinence	Not having sex with another person, not using drugs.
acquired immune deficiency syndrome (AIDS)	A serious illness caused by a virus that damages the body's immune system. (Sometimes written as acquired immunodeficiency syndrome.)
AIDS-related complex (ARC)	A condition in which a person infected with the AIDS virus has some symptoms, but has not developed AIDS.
anal intercourse	Sexual union involving the penis in the rectum.
antibodies	Substances in the blood produced by the body's immune system to fight against germs. Antibodies are not effective at fighting HIV.
bisexual	A person who is sexually attracted to both females and males.
casual contact	Body contact including touching, hugging, handshaking, and sitting closely together, but not having sexual intercourse.
condom	Rubber or latex cover used over the penis during sexual intercourse to prevent the exchange of body fluids such as semen and vaginal secretions.
epidemic	When diseases affect and spread to many people all within a short period of time.
gay	see homosexual
hemophiliac	A person who has a disease that makes it difficult to control bleeding when he or she gets cut or bruised.
heterosexual	A person who is sexually attracted to the other sex.
high-risk behaviors	Behaviors that could spread the virus, such as unprotected sexual intercourse and sharing drug needles and/or syringes.
HIV	see human immunodeficiency virus
homosexual	A person who is sexually attracted to someone of the same sex. The word gay refers to a homosexual man. The word lesbian refers to a homosexual woman.
human immunodeficiency virus (HIV)	The organism that causes AIDS.

immune system	A body system that protects one from diseases.
infection	Invasion of body by germs that are capable of causing disease.
inject	To stick a needle or syringe into a vein or skin to put medicine or illegal drugs in the bloodstream. (Also called shooting-up.)
intravenous (IV) drugs	Drugs injected into a vein with a syringe.
IV drug needle	A needle connected to a syringe that is used to inject drugs directly into a vein.
Kaposi's sarcoma	A rare form of cancer often acquired by persons with AIDS. Sometimes abbreviated KS. (Pronounced: Kăp′ ō sēz sar kō′ mă)
nonoxynol-9	A chemical in spermicide that destroys the HIV virus.
oral sex	Touching a partner's genitals with the mouth.
Pneumocystis carinii pneumonia	A rare lung infection having symptoms similar to severe pneumonia. Sometimes abbreviated PCP. (Pronounced: nū mō sĭs′ tis car ĭn ē ī nū mō′ nĭ ă)
saliva	The clear liquid in the mouth, also called "spit."
semen	The fluid that contains sperm which is expelled from the penis during sexual intercourse.
sexual intercourse	see vaginal intercourse, anal intercourse, or oral sex.
sexually-transmitted disease (STD)	A disease passed from one person to another during sex.
sexual partner	A person with whom someone has vaginal intercourse, anal intercourse, and/or oral sex.
spermicide	A chemical that kills sperm.
symptoms	Physical evidence of an illness. Changes in a person's health that can be seen or felt.
syndrome	A group of signs and symptoms that together indicate a particular disease or health condition.

syringes	Devices with needles used to inject drugs.
T-helper cells	Special white blood cells that help the immune system fight against germs.
transfusion	The transfer of donated blood from one person to another.
transmitted	Passed along from one person or place to another.
vaccine	A substance given to a person to cause immunity to infectious disease.
vaginal secretions	Liquid substances in the vagina that help keep it clean and healthy.
vaginal intercourse	Sexual union involving the penis in the vagina.
virus	A small organism that can cause disease.